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Volume 23 Number 2, Winter 2001

BMC

Journal of the Canadian Health Libraries Association

Bibliotheca Medica Canadiana

Le journal de l'Association des bibliothèques de la santé du Canada

- Canadian National Site Licensing Project and Canadian Health Libraries
- Newfoundland and Labrador Health Knowledge Information Network
- Clinical Practice Guidelines and Evidence-Based Summaries in Oncology
- Reflections on the Evidence-Based Librarianship Conference
- The Challenges Ahead for Evidence-Based Librarianship
- Extending the Uses of Bibliographic Software : Reference Manager as a Multi-purpose Tool
- New Column : Complementary and Alternative Medicine
- Fact Sheet : The CCHSA/CCASS Accreditation Process (insert)

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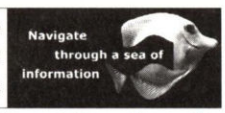

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BIBLIOTHECA MEDICA CANADIANA

Bibliotheca Medica Canadiana (BMC) is a journal providing for increased communication among health libraries and health science librarians in Canada. A special commitment has been made to reach and assist the worker in the smaller, isolated health library.

BMC is published quarterly by the Canadian Health Libraries Association. Opinions expressed herein are those of the cont-ributors and the Editor and not CHLA/ABSC.

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BMC a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothécaires relativement isolées.

BMC est publié 4 fois par année par l'Association des bibliothèques de la santé du Canada. Les articles paraissant dans ***BMC*** expériment l'opinion de leurs auteurs ou de la rédaction et non pas celle de l'Association.

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Editor's Message

Ellen Crumley

Since September 11, the world has become a new place. Jessie McGowan, on behalf of CHLA/ABSC, sent an e-mail to the Medical Library Association (MLA) expressing our condolences for those who were lost and are missing. We want our American friends to know that they are foremost in our minds during this difficult time.

In this issue we have representation from across the country and beyond, which is a trend I would like to continue. I invite contributions from those of you working in rural areas or the north. Rural health is one of the themes of the 2002 CHLA/ABSC Conference and we would like to reflect this perspective in our national journal.

We have several new authors for the winter issue and I encourage those of you who are thinking about contributing to submit your articles. They can be brief or lengthy, your choice. We have put up a list of potential topics in the *Writing for* ***BMC*** section of the Web site if you need some ideas: *<http://www.med.mun.ca/CHLA/english/help.html#topics>*.

From the national focus in George Beckett's Canadian National Site Licensing Project article to the regional in the Newfoundland and Labrador Health Knowledge Information Network, this issue reflects what librarians are involved with across Canada. Mike Fraumeni's research regarding oncology clinical practice guidelines and evidence-based summaries is timely and well-conducted. Jonathan Eldredge's contribution about the challenges evidence-based librarianship (EBL) faces is based upon his keynote presentation at the first EBL Conference in Sheffield, UK this past September. The article by Becky Skidmore about the use of *Reference Manager* as a multi-purpose tool reminds us that many of the things we use have unrealized capabilities.

Starting with this issue, Debbie Monkman and Bethany Becker's much-needed complementary and alternative medicine column will be published bi-annually. A very big thank you to Andrea Hodgson, the Assistant Editor, for putting together my last minute contributions for *News and Notes* and *Currents in Library Research,* and for fostering the success of the book reviews.

Over the next year, ***BMC*** will be going through several changes including revision of the *Currents* column, introduction of guest columns, articles and reviews from the USA, UK and other countries, as well as expansion of the scope of its article coverage. Through the focus groups, CHLA/ABSC is collecting valuable information and feedback not only for the organization, but also for ***BMC***; thank you for all your excellent ideas. I welcome your suggestions, general feedback or critiques of ***BMC*** and the direction it is moving. Sit back, relax and enjoy my inaugural edition of ***BMC***!

Letters to the Editor

The members of the Northwestern Ontario Health Libraries Association (a Chapter of CHLA for fifteen years) and the Sudbury Health Libraries Association read with interest the submission published in the Summer, 2001 issue of ***BMC***, entitled, *Regional library services development in Northern Ontario : Preliminary Report*, by Joanne Muellenbach.[1]

As current providers of library services to health professionals in Northern Ontario, we were dismayed by the implications of Joanne's article. Readers of this article who are unfamiliar with our area might well conclude that there are no health care libraries in Northern Ontario, few trained health sciences library staff, limited access to resources and no existing library networks.

As members of these two Associations, we are librarians and library technicians who pride ourselves on the services we provide to physicians, nurses, health administrators, allied health professionals and consumers throughout Northern Ontario, from North Bay to the Manitoba border. We are employed by a variety of institutions, including public health units, cancer centres, hospitals, universities and colleges.

We have provided these services in the North for at least three decades. Our major clients live in or close to the major urban centres: North Bay, Timmins, Sault Ste. Marie, Sudbury and Thunder Bay. These urban centres include at least 59% of the population of Northern Ontario and approximately 70% of the physicians and other health care professionals practising in Northern Ontario. In addition, Thunder Bay and Sudbury are regional referral centres, and as such serve patients from smaller communities in their catchment areas. Specialist physicians and various regional treatment centres are also located in these two cities. The Cancer centre libraries as well as the Public Health Unit libraries and the Mental Health Libraries serve physicians, practitioners and consumers throughout their entire respective regions. Thus, over 70% of health care practitioners in Northern Ontario have access to health library services provided by these institutions.

The majority of our clients would also take exception to the reference to "slow document delivery service." In an effort to provide comprehensive, efficient and affordable document delivery services to our clients, both our Associations have pro-

duced union lists of serials, with reciprocal borrowing privileges. In addition, the cancer centre libraries and public health libraries have developed similar lists and privileges within their respective provincial associations. Also, many of our institutions have joined DOCLINE and others are currently exploring this option.

Not to be forgotten is the outstanding service provided to librarians and health practitioners for the past eighteen years by Sylvia Katzer and her staff at Northern Ontario Library Service located at the University of Western Ontario. This service has been made possible by Northern Outreach funding for underserviced areas.

We have followed with interest the pilot project described by Joanne Muellenbach and welcome efforts to provide user training and electronic document delivery options to the Northern Academic Health Science Network's client group. We realize that there are some health practitioners in Northern Ontario facing information service challenges. We are looking forward to the launch of our Northern Ontario Rural Medical School (NORMS) in 2004, which is expected to bring with it teaching hospital library status for some of our members and improved regional access to health science resources through closer affiliations with our university library partners.

Reference

1. Muellenbach J. *Regional library services development in Northern Ontario : Preliminary Report.* ***BMC*** 2001 Summer;22(4):161-2.

Northwestern Ontario Health Libraries Association

Challis Resource Centre Confederation College
Chancellor Paterson Library, Lakehead University
Northwest Regional Mental Health Centre
Northwestern Ontario Regional Cancer Centre
St. Joseph's Care Group
Thunder Bay District Health Unit
Thunder Bay Regional Hospital

Sudbury Health Libraries Association

Hôpital Régional Sudbury Regional Hospital
Northeast Mental Health Centre
Northeastern Ontario Regional Cancer Centre
Sault Area Hospitals
Sudbury and District Health Unit

Response to the Letter to the Editor

I sincerely regret any dismay resulting from the *Regional Library Services Development in Northern Ontario : Preliminary Report.* Use of the phrase "throughout Northern Ontario" and not mentioning the health library personnel and resources available in the larger centres, was a regrettable oversight. The *Preliminary Report* was written with the assumption that ***BMC*** readers knew about the long-established NOHLA Chapter in Thunder Bay, as well as the equally dedicated library personnel in Sault Ste. Marie, Sudbury, North Bay and Timmins. Further to this assumption, in the *Report*'s conclusion, I state: "through cooperation in a Northern Ontario health libraries consortium," which is an acknowledgment of the Northern health library personnel currently providing library services for the health practitioners covered by their mandates. What I should have stated is: "throughout Northern Ontario, in over 35 rural or remote communities, health practitioners face information service challenges". Current NAHSN pilot sites that fall into this category include: Fort Frances, Geraldton, Hearst, Little Current, New Liskeard, Sioux Lookout and Sturgeon Falls. Thank you for the opportunity to clarify these points.

Since the writing of this *Preliminary Report* in early 2001, much has happened. I have continued to conduct information needs assessments and to provide basic and advanced training, including ongoing support, in biomedical database and Web searching, quality health resources on the Web, as well as strategies and techniques for evidence-based practice, at all eleven pilot sites. To date, I have conducted 185 ninety-minute, hands-on Ovid database and Web training classes for 859 pilot site participants. As well, the NAHSN Project has collected over 700 information needs assessment surveys. A project evaluation is now underway, and an independent statistician has been hired to analyze the needs assessment surveys and work on the evaluation component of the project.

As well, since the Preliminary Report was written, the NAHSN Project has coordinated Ariel Document Delivery pilots at Sault Area Hospitals (Sault Ste. Marie) and at St. Joseph's Care Group (Thunder Bay), four Northeastern Ontario health libraries have activated DOCLINE accounts, and the Ontario government announced its approval of a Northern Ontario Rural Medical School (NORMS).

On behalf of the NAHSN Project Advisory Committee, I would like to thank you again for your input and I welcome further opportunities for collaboration, networking and partnerships.

Joanne Muellenbach, MLS
Project Planner (Information Services)
Northern Academic Health Sciences Network (NAHSN)

A Word from the President

Jessie McGowan

There has been a lot of discussion in the library community with respect to literature searching after a healthy volunteer in an asthma- and allergy-related investigation died in July after inhaling hexamethonium 1,2. It was noted that the investigators failed to search the literature and locate articles published in the 1950s, which indicated deadly side effects. While these citations are not held on PubMed, they could have been retrieved in OLDMEDLINE or by carefully checking the references of more recent articles.[1]

What can we, as librarians, do to assist researchers? We need to work with investigators in our institutions and stress the importance of librarians as collaborators in research. We need to continue to educate and to promote that the process of literature searching is not a simple surfing of a few hits found through free text searching. Rather, that searching requires an iterative process that includes knowledge of database design (including controlled vocabulary), research methodology and subject familiarity.[2]

Kate Oliver, from the Johns Hopkins Welch Medical Library, indicated in a MEDLIB-L message on September 7, that they are developing safeguards, including the requirement that investigators collaborate with a librarian and a pharmacist for non-FDA approved drugs. As well, Johns Hopkins has formed a multi-disciplinary group to develop search standard protocols and will test the draft guidelines over the next several months. The Medical Library Association is also recommending that guidelines or standards for literature searching be developed. I am a member of the MLA Research Section's Practice Guidelines Task Force that is looking at the development of practice guidelines. CHLA/ABSC also recommends that guidelines or standards be developed around the area of literature searching. We will work with other groups to assist in their development and promote these to our membership.

By the time this edition of ***BMC*** reaches you, the CHLA/ABSC Focus Groups will be well under way. Patrick Ellis (Past-President) and Laurie Scott (CE Director) are conducting the focus groups. They begin their first session on September 24, 2001 with the THLA (Toronto Health Libraries Association) in the Robarts Library at the University of Toronto. They will then do a "tour" of the Ontario Chapters before moving east to Moncton and St. John's. In November they will be heading on the Western leg of the tour and will reach Vancouver on November 13, 2001. A date for Quebec is also being organized. These cross-country sessions will assist us in the planning our membership survey. Patrick and Laurie will be meeting with Chapter members so that the Board can hear first-hand about the issues, trends and concerns that are important to them. Please join in these sessions to have your voice heard.

CHLA/ABSC Conference 2002 Co-chairs Dawn Bombay (Waterloo-Wellington-Dufferin Health Library Network) and Neera Bhatnager (Golden Horseshoe Health Libraries Association) are busy with the Conference team in planning for the 2002 Conference, *The Spirited Connection*, to be held at the Waterloo Inn, Waterloo, Ontario from May 28 to June 1, 2002. The Web site is: *<www.hamiltonhealthsciences.ca/sites/chla>*.

Meeting with CHLA/ABSC members at the 2001 Conference in Quebec City was very productive; it inspired a lot of discussion and questions for NNLH Steering Committee Members. We have continued to meet via teleconference in the summer to discuss ongoing issues and questions. Currently, the Steering Committee is focusing on our target audience (i.e., health sciences libraries), funding opportunities and implementation strategies.

In the next few months you will be noticing changes to our Web site. Lou Duggan, our new Webmaster, will be working on the Web site with Tim Tripp, our Public Relations Director. We invite you to visit the Web site at *<http://www.med.mun.ca/chla/english/>*.

It's hard to believe that we are coming to end our 25th year. I would like to thank all members for their continuing support and I look forward to working with you over the next three years..

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1. Ramsey S. *Johns Hopkins takes responsibility for volunteer's death.* ***Lancet*** 2001 Jul 21;358(9277):213.
2. McLellan F. *1966 and all that : when is a literature search done?* ***Lancet*** 2001 Aug 25;358(9282):646.

Un mot de la presidente

Jessie McGowan

Il y a eu bien des discussions au sein de la communauté des bibliothécaires à propos de recherche documentaire après qu'un bénévole en santé qui faisait une recherche reliée à l'asthme et aux allergies soit mort en juillet dernier après avoir inhalé de l'hexaméthonium 1,2. On a souligné que les chercheurs ont négligé de faire la recherche documentaire nécessaire leur permettant de trouver des articles publiés dans les années cinquante qui indiquaient des effets secondaires mortels. Bien que ces indications ne se retrouvent pas dans PubMed, elles auraient pu être retracées dans OLDMEDLINE ou en vérifiant minutieusement les renvois d'articles plus récents.

Que peuvent faire les bibliothécaires pour aider les chercheurs? Nous devons travailler avec les enquêteurs de nos institutions et souligner l'importance des bibliothécaires en tant que collaborateurs à la recherche. Nous devons continuer de propager l'idée que le processus de recherche documentaire n'est pas une simple question de navigation pour trouver quelques réponses pertinentes par l'intermédiaire d'un système de recherche en forme libre. En effet, ce type de recherche nécessite un processus itératif qui comporte une connaissance de la conception de la banque de données (y compris le vocabulaire sélectionné), une méthodologie de recherche et une familiarité avec le sujet.

Kate Oliver, de la bibliothèque médicale Welch de l'université Johns Hopkins, a indiqué dans un message du 7 septembre dernier sur MEDLIB-L, qu'on est en train d'élaborer des mesures de sauvegarde, incluant notamment l'obligation pour les chercheurs de collaborer avec un bibliothécaire et un pharmacien en ce qui concerne tout médicament qui n'a pas été approuvé par la Food and Drug Administration. De même, la bibliothèque médicale Johns Hopkins a formé un groupe multidisciplinaire pour élaborer des protocoles normalisés de recherche et expérimenter les directives préliminaires au cours des prochains mois. La Medical Library Association recommande également que des directives ou des normes en matière de recherche de documents soient élaborées. Je suis membre du Groupe de travail sur les pratiques de la section de recherche de la MLA qui étudie l'élaboration de directives en matière de pratique. L'ABSC/CHLA recommande que des directives ou des normes soient élaborées dans le secteur de la recherche de documents. Nous allons travailler de concert avec d'autres groupes pour aider à l'élaboration de ces directives ou normes de même que pour en faire la promotion auprès de nos membres.

D'ici à ce que ce numéro de ***BMC*** soit entre vos mains, les groupes de consultation de l'ABSC/CHLA seront en plein travail. Patrick Ellis (président sortant) et Laurie Scott (directrice de la formation professionnelle) dirigent ces groupes de consultation. Le 24 septembre dernier, ils ont rencontré les membres de la THLA (Toronto Health Libraries Association) à la bibliothèque Robarts de l'université de Toronto. S'ensuivit une «tournée» de chapitres de l'Ontario et puis Moncton et St. John. En novembre, ils entreprendront la partie ouest de leur tournée et atteindront Vancouver le 13 novembre 2001. On envisage une date pour le Québec. Les résultats de ces séances dans l'ensemble du pays nous aideront dans la planification du premier sondage de nos membres jamais fait. Patrick et Laurie rencontreront les membres des chapitres pour offrir au Conseil des renseignements de première main sur ce qui intéresse et préoccupe nos membres. Assistez à ces séances pour faire connaître vos opinions.

Les coprésidentes du Congrès 2002, Dawn Bombay du Waterloo-Wellington-Dufferin Health Library Network et Neera Bhatnager de la Golden Horseshoe Health Libraries Association s'affairent avec l'équipe du Congrès à planifier le Congrès 2002 dont le thème est «La connexion animée» au Waterloo Inn de Waterloo en Ontario. Le Congrès se déroulera du 28 mai au 1er juin 2002 au Waterloo Inn de Waterloo en Ontario. Visiter le site Web à l'adresse *http://www.hamiltonhealthscieces.ca/sites/chla*.

La rencontre avec les membres de l'ABSC/CHLA lors du Congrès 2001 de la ville de Québec a été très productive. Elle a inspiré bien des discussions et soulevé bien des questions au sein des membres du Comité d'orientation du Réseau national des bibliothèques de santé. Nous avons continué de nous réunir par téléconférence au cours de l'été pour discuter de problèmes et de questions de l'heure. En ce moment, le Comité d'orientation met l'accent sur notre auditoire cible (c'est-à-dire les bibliothèques des sciences de la santé), les possibilités de financement et les stratégies de mise en oeuvre.

Au cours des prochains mois, vous constaterez des changements à notre site Web. Lou Duggan, qui est notre nouveau webmestre, travaillera sur le site Web avec Tim Tripp qui est notre directeur des relations publiques. Nous vous invitons à visiter notre site Web à l'adresse *http://www.med.mun.ca/chla/english/*.

Il est difficile de croire que nous arrivons au terme de notre 25^{e} année. J'aimerais remercier tous les membres pour leur appui soutenu et j'espère avoir le plaisir de travailler avec vous au cours des prochaines années.

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1. Ramsey S. *Johns Hopkins takes responsibility for volunteer's death.* ***Lancet*** 2001 Jul 21;358(9277):213.
2. McLellan F. *1966 and all that : when is a literature search done?* ***Lancet*** 2001 Aug 25;358(9282):646.

The Canadian National Site Licensing Project and Canadian Health Libraries

George Beckett[1]

The creation and implementation of the Canadian National Site Licensing Project (CNSLP) has been a major innovation for Canadian universities and the academic libraries associated with the universities. The CNSLP also has significance for Canadian health libraries in general. This article expands on the brief report on the CNSLP published in BMC 22(4), Summer 2001 and examines the implications of the CNSLP for Canadian Health Libraries.

The CNSLP

The CNSLP is a joint project of the Canadian Association of Research Libraries (CARL), the Association of Universities and Colleges of Canada (AUCC), the Canada Fund for Innovation (CFI), the federal government and provincial governments across Canada. The purpose of the project is to increase the Canadian capacity for research through a coordinated program to licence access to electronic journals and important bibliographic index databases for the entire Canadian university community. There are sixty-four Canadian universities involved in the project.

After prolonged negotiations the CNSLP has delivered access to a variety of electronic information resources beginning in January 2001. The initial contract is for access to the licenced resources for the three-year period of 2001 to 2003. The CNSLP Steering Committee is seeking continuing support from government to extend the project into the future.

CNSLP Resources [1]

The information resources provided by the CNSLP to the Canadian university community include two bibliographic index databases: the Web of Science (electronic version of the combined Science Citation Index, Arts and Humanities Citation Index and the Social Sciences Citation Index) and the subject specific MathSciNet. Electronic journals from the following publishers are included:

- Academic Press (206 titles)
- American Chemical Society (33 titles)
- Institute of Physics (34 titles)
- Royal Society of Chemistry (24 titles)
- Springer (410 titles)

While many subject areas are included in the CNSLP resources the primary emphasis is on areas in science and technology. The coverage of the various resources varies but all offer a minimum of three years of data (i.e., 1998 to date). Access to all of the resources is through the Internet using IP addressing to enforce access restrictions.

Implications for Health Libraries

University Health Libraries

For university health libraries in Canada the CNSLP represents both additional resources and challenges. It does provide extended access to a range of electronic journals and bibliographic indexes that many of them could never afford to access in the past. For the duration of the initial contract period (2001-2003) basic issues such as access and inter-library loan arrangements are satisfactory. The CNSLP represents an important step in the development of a new model of national licencing of electronic resources.

Yet issues remain. As Elizabeth Sutherland has pointed out, the actual health related content in the CNSLP licenses is disproportionately small compared to the overall percentage of Canadian university library collection expenditures for the health sciences [2]. Of the more than seven hundred electronic journals included in the CNSLP offerings approximately two hundred thirty nine are health related [3]. Due to the selection of publishers included in the CNSLP agreement, a significant percentage of the health related titles are foreign language (17%), not indexed in MEDLINE (17%), or are not indexed in Science Citation Index or have low ISI citation impact factors (55%) [4]. There are valuable and useful titles in the CNSLP resources but overall the collection is not extremely useful from a health sciences viewpoint. The weakness of the health content in the CNSLP resources has meant that the Association of Canadian Medical School (ACMC) libraries are investigating additional arrangements to access Harcourt Health Sciences electronic journal titles and Elsevier electronic journal titles.

While the initial period of the CNSLP has been largely funded through special government (federal and provincial) agency grants, universities and their libraries have still had to contribute to the overall cost of the CNSLP project. While the university costs for the three-year term are relatively small it is leading many ACMC libraries to consider cancellation of the paper format versions of journals included in the CNSLP agreement. Uncertainties about continued government funding to support the CNSLP resources after the three-year term are also cause for concern. Many Canadian universities would be unable to fund their share of the CNSLP resources without additional external funding and/or major reallocation of existing library funding.

While consortium packages for the purchase of electronic information resources are attractive they also result in less flexibility in customization of library collections to meet the unique needs of library users. With the continuing constraints on library funding libraries are forced to favour consortium agreements but this leads to greater homogenization of the resources available from libraries that participate in the consortium.

Access issues are also becoming of more concern for university health libraries. The introduction of the CNSLP has increased the concern over the growing segregation of library users required by electronic information resource licencing agreements. The CNSLP licencing conditions permit access to the licenced resources for university faculty, students and staff from university premises or home. Public walk-in access to CNSLP resources from university libraries is also permitted.

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While this level of access seems quite straightforward it does not deal well with the reality that academic health libraries serve a broader group of users than just the university. Most Canadian academic health libraries also support the activities of health professionals in their geographical region and some have contractual arrangements for provision of library services in health care institutions.

The CNSLP licencing arrangements do not recognize these realities and there is no provision for access to the resources by affiliated teaching hospitals or health professionals. The result is an increasing segregation of health professionals along the lines of information access. Those with university faculty appointments or student status have access to a wealth of information resources, while those who lack the university connection have much more limited access to electronic information resources.

Non-university Health Libraries

For Canadian health libraries that are not part of universities, the CNSLP has more indirect implications than for the university health libraries. The CNSLP licensing agreement permits paper format interlibrary loan of CNSLP electronic resources so requesting libraries can expect to have access to the CNSLP resources through the standard inter-library loan procedures. A number of the ACMC libraries have indicated that they will add CNSLP resources to their SERHOLD holdings by Fall 2001. Health libraries that participate in DOCLINE or use ACMC libraries for inter-library loan can expect to see an increase in the number of journals that they can access. Health libraries should check with the ACMC library that they normally use for interlibrary loan to confirm what arrangements that library is putting in place for external access to CNSLP resources.

On the positive side, the CNSLP provides a practical Canadian model of a cooperative funding agreement used to expand special community access to electronic information resources. The existence of such a model should aid the National Network of Libraries for Health proposal which CHLA/ABSC has been promoting along with the ACMC and l'Association pour l'avancement des sciences et des techniques de la documentation (ASTED) library groups.

On the negative side are many of the same issues that are of concern to the ACMC libraries — electronic access to the resources for non-university members; more distinctions in access between university affiliated staff and students; greater complexity in service agreements for library services with university libraries; and uncertainty about the long-term impact upon university library collections.

Overall, there can be no doubt that the CNSLP is a major step forward towards the digital future for libraries. How great a step it is remains to be seen. After the end of the initial agreement in 2003, it will be possible to assess just how profound the impact of this new project will have been.

For More Information

CNSLP Product Information [5]

1. Academic Press (206 titles)
   http://www.apnet.com/journals/ (list of titles)
2. American Chemical Society (33 titles)
   http://pubs.acs.org/
   (see CNSLP Announcement and list under "What's New")
3. Institute of Physics (34 titles)
   http://www.iop.org/Journals/bytitle (list of titles)
4. Royal Society of Chemistry (24 titles)
   http://www.rsc.org/is/journals/current/ejs.htm
5. Springer (410 titles)
   http://link.springer-ny.com/ol/index.htm (list of titles)
6. ISI Web of Science
   http://www.isinet.com/isi/products/citation/wos/?version=2
7. American Mathematical Society MathSciNet
   http://e-math.ams.org/mathscinet/
8. CNSLP Web site
   http://www.uottawa.ca/library/cnslp/
9. CNSLP Implementation listserv
   - send e-mail message to *mailto:maillist@sfu.ca*
   - type in body : subscribe cnslp-ig
10. CNSLP FAQ
    http://www.uottawa.ca/library/cnslp/

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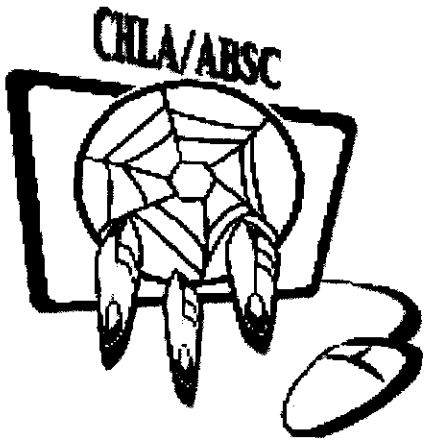

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Newfoundland and Labrador Health Knowledge Information Network (NLHKIN)

http://www.med.mun.ca/nlhkn/

Annette Anthony[1]

Finding and retrieving pertinent medical information is often a task in itself, especially given the current trends towards limited library and staffing resources. If this is compounded with serving 64% (358,000 people) of a province's population dispersed over 374,000 km^2, it becomes a challenging task. In Newfoundland and Labrador, the vast majority of medical library resources are housed in libraries in two urban areas, St. John's and Corner Brook, in which 31% and 5%, respectively, of the population reside. One solution to this problem was to create the Newfoundland and Labrador Health Knowledge Information Network (NLHKIN).

The NLHKIN was officially launched in January 2000 and was Health Science Library, the Memorial University of Newfoundland as well as the Newfoundland & Labrador Centre for Health Information. After consultation with all levels of health professionals across the province, it was confirmed that health providers and hospitals outside the metropolitan centres of the province were seriously disadvantaged in their access to health information.

NLHKIN provides support to this problem by allowing health professionals in each community to access the same caliber of information as those in larger centres. In addition, it also gives allied health professionals and nurses the same access as physicians (who traditionally had better access to such resources). Any health professional with Internet access can attain an account with NLHKIN; accounts are on two levels, institutional and individual. Institutional accounts offer unlimited numbers of staff access to information while individual accounts still enable smaller medical centres or sole practitioners to access quality health information. Sharing the costs for these expensive resources amongst several NLHKIN members permits wider and more equitable access to information; health boards and hospitals could not afford to purchase the resources on an individual basis but, collectively, they can. Internet access in the province, both on the island and Labrador, is considered quite good as there are satellite links in remote communities such as Nain, Forteau, etc., a LAN in Port aux Basques and commercial Internet providers servicing most of the province.

NLHKIN is available seven days per week, twenty-four hours a day; instructional and technical support are included as well. Resources available in NLHKIN include: MD Consult, MEDLINE, CINAHL as well as the full-text Web sites Harrisons' Online, STAT!REF and the Cochrane Library. In addition, clinical practice guidelines, e-journals and recommended medical Web links are provided. Once an article, monograph or other resource is located it is expected that the user will use his or her own library to acquire an interlibrary loan. If a NLHKIN member does not have access to a library the Health Sciences Library at Memorial University of Newfoundland provides document delivery services.

The NLHKIN is part of the Atlantic Health Knowledge Partnership, a consortium of health agencies and networks throughout the Atlantic provinces. Such initiatives are growing throughout the country. Examples include the Health Knowledge Network, Calgary <*http://www.ucalgary.ca/hkn/*>, Ontario Health Link for Practitioners (OHeLP) <*http://www_hsl.mcmaster.ca/ohelp/index.html*>, and the Atlantic Health Partnership (Web site under development). Such health networks allow increased access to both health professionals and the general public. Sharing knowledge via initiatives such as NLHKIN provides rapid and prompt access to resources, a move that will bring medical knowledge and discoveries into the hands of all no matter where they are located in our vast country.

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Medicine on the Net : Seeking Medical Librarian Recommended Websites

For their medical librarian subscribers, *Medicine on the Net* magazine is creating a Special Resource Section dedicated to credible Web sites, link and resources medical librarians use and recommend to their colleagues. In addition to seeking input for future issues, *Medicine on the Net* is inviting medical librarians to become editorial board members. For further information or to express interest in contributing to *Medicine on the Net*, contact Bridget Meaney <*bmeaney@corhealth.com*>.

New NLM Files : NLM ANNOUNCES ListServ

<*http://list.nih.gov/archive-s/nlm-announces.html*>
<*http://www.nlm.nih.gov/listserv/resources_assistance.html*>

The new NLM files has been successfully migrated to the listserv format and now named NLM-ANNOUNCES. To send list commands to the listserv, use <*listserv@list.nih.gov*>. For additional information and assistance for NLM-hosted lists, see the URL above with the resources-assistance file. For questions regarding NLM-ANNOUNCES list or for help subscribing to the list, the list owner can be contacted at <*nlm-announces-request@list.nih.gov*>.

Clinical Practice Guidelines And Evidence-Based Summaries In Oncology
What Sources Does A Provincial Cancer Agency Use To Construct Their Evidence?

Mike Fraumeni[1]

Abstract

Clinical practice guidelines and evidence summaries are tools developed by health care organizations worldwide to assist in clinical decision making and provide information to health care providers and consumers. This study attempts to determine where a provincial cancer agency obtains evidence to produce such guidelines and evidence summaries. It is hoped that the resulting information will help librarians and information specialists become more effective team players in the development of these tools.

Introduction

The evidence-based approach to clinical management is a developing trend that has become an operating paradigm in many health care organizations across provincial, national and international boundaries for a variety of reasons. This approach has been described as the explicit, conscientious and judicious consideration of the best available evidence in the management of individual patients [1].

The evidence-based approach to clinical management is a developing trend that has become an operating paradigm in many health care organizations across provincial, national and international boundaries for a variety of reasons

Review of the literature in a systematic manner is the core of the evidence-based approach to guideline and evidence development [2]. It is not the purpose of this paper to analyze the various techniques and methodologies used to produce evidence-based tools such as clinical practice guidelines (CPG) and evidence-summaries. Certainly, as librarians working in health care organizations, we have become very familiar with this process. The purpose of this study, however, is to analyze the sources that a provincial cancer agency, namely Cancer Care Ontario (CCO), uses to assist in the development of their CPG and evidence summaries. Information resulting from such an analysis, it is hoped, may help librarians and information specialists become more effective team players in the development of such tools.

By way of definition, the CCO Practice Guidelines Initiative (CCOPGI) produces CPG which is an evidence-based statement that helps patients and health care providers make appropriate decisions about cancer care [3]. Their CPG are developed and updated through the systematic review of the health care literature by Disease Site Groups (DSG), teams of health care providers, community representatives and researchers. As well, CCOPGI produces evidence summaries, systematic overviews of the best evidence available on a specific clinical question where there is insufficient high quality evidence on which to base a practice guideline [4]. These are prepared by one of the fourteen DSG. Previous research has shown that CCO CPGs are used in the community by surgeons performing oncologic surgery and that the Surgical Oncology Network of CCO promotes further development in this area [5]. Moreover, universities and centres specializing in health evidence are actively pursuing research into teaching evidence-based practice [6].

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Methods

The CCOPGI Web site <*http://hiru.mcmaster.ca/ccopgi*> was searched and the references used to produce the full reports that were available for CPG and evidence summaries were printed. These included references from the original report as well as any updated references that were added. In total, across 14 DSG, 38 CPG and 5 evidence summaries references were analyzed. This represented only those that had full reports available where references were included. Other CPG and evidence summaries that are in progress or where only summaries were available were not listed. Not all DSG had CPG or evidence summaries available on the CCOPGI Web site at the time of the search.

For each journal reference cited, the journal name is indicated as well as the number of references for each title. Names of titles that were only referenced once have not been included but are available upon request (see **Table A**). This includes as well the primary meeting abstract publication, ***Proceedings of the Annual Meeting of the American Society for Clinical Oncology***. Names of other meeting abstract publications were not listed, but the number of references is provided if published in a journal or otherwise in **Table B**, miscellaneous references.

The group of miscellaneous references also includes published books, Web sites, drug company information, government reports, personal communication, clinical trial group information in addition to the other meeting abstracts as mentioned above (see **Table B**).

Results

From **Table A**, 175 titles are listed with 65 directly relating to oncology as named with related words in the title, while 108 are listed with a non-direct relationship where oncological words

TABLE A

JOURNAL TITLE	No. Refs	Journal Articles	Meeting Abstracts
J Clin Oncol	245	245	0
Proc Am Soc Clin Oncol	156	0	156
Int J Rad Oncol Biol Phys	83	78	5
Blood	77	18	59
Cancer	69	69	0
N Engl J Med	57	57	0
Eur J Cancer	55	45	10
J Natl Cancer Inst	50	50	0
Lancet	42	42	0
Ann Oncol	41	24	17
Brit J Cancer	40	39	1
Radiother Oncol	27	23	4
Lung Cancer	21	14	7
Semin Oncol	21	21	0
Brit J Surg	16	16	0
J Surg Oncol	15	15	0
Ann Intern Med	13	13	0
J Natl Cancer Inst Monogr	13	13	0
Am J Clin Oncol	12	12	0
Can Med Assoc J	12	12	0
Controlled Clin Trials	12	12	0
Clin Oncol	11	11	0
JAMA	11	11	0
Cancer Treat Rep	10	10	0
Brit Med J	9	9	0
Chest	8	8	0
Hum Pathol	8	8	0
J Urol	8	8	0
Radiology	8	8	0
Anticancer Res	7	7	0
Arch Surg	7	7	0
Cancer Res	7	7	0
Gynecol Oncol	7	7	0
Oncology (American)	7	7	0
Breast Cancer Res Treat	6	3	3
Brit J Urol	6	6	0
Clin Radiol	6	6	0
Jpn J Clin Oncol	6	6	0
Oncology (Basel)	6	6	0
Cancer Chemother Pharmacol	5	5	0
Cancer Prevention Control	5	5	0
J Clin Epidemiol	5	5	0
Support Care Cancer	5	5	0
Ann Surg	4	4	0
Arch Otolaryngol Head Neck Surg	4	4	0
Brit J Haematol	4	4	0
Int J Colrect Dis	4	4	0
Oncogene	4	4	0
Surg Clin of NA	4	4	0
Surg Gynecol Obstet	4	4	0
Acta Oncol	3	3	0
Am J Surg	3	3	0
Am J Surg Pathol	3	3	0
Ann Thorac Surg	3	3	0
Arch Intern Med	3	3	0
Bone	3	3	0
Bone Marrow Transplant	3	3	0
Cancer Invest	3	3	0
Dis Colon Rectum	3	3	0
Eur J Surg Oncol	3	3	0
Head Neck	3	3	0
J Cancer Res Clin Oncol	3	1	2

TABLE A (Cont'd)

JOURNAL TITLE	No. Refs	Journal Articles	Meeting Abstracts
Tumori	3	3	0
Urology	3	3	0
Acta Radiol Oncol	2	2	0
Am J Med	2	2	0
Am J Obstet Gynecol	2	2	0
Am J Roentgenol	2	2	0
Ann Surg Oncol	2	2	0
Anticancer Drugs	2	2	0
Aust NZ J Surg	2	2	0
Brit J Radiol	2	2	0
Cancer J Sci Am	2	2	0
Cancer Treat Rev	2	2	0
Curr Oncol	2	2	0
Eur Arch Otorhinolaryngol	2	2	0
Eur J Nucl Med	2	2	0
Gastroenterology	2	2	0
Histopathology	2	2	0
Int J Oncol	2	2	0
Invest New Drugs	2	2	0
J Pain Symptom Manage	2	2	0
J Thorac Cardiovasc Surg	2	2	0
Laryngoscope	2	2	0
Nucl Med Comm	2	2	0
Recent Results Cancer Res	2	2	0
Science	2	2	0
Strahlenther Onkol	2	2	0
Transplantation	2	0	2
Other journals cited only once	86	85	1
TOTAL	**1441**	**1174**	**267**

TABLE B
MISCELLANEOUS REFERENCES

Published Books	38
Web Site	8
Other meeting abstracts	8
Drug Company Information	6
Government Report	5
Personal Communication	3
Clinical Trial Group Information	1
TOTAL	**69**

TABLE C
TOTAL ALL REFERENCES

TOTAL	**1510**

listed with a non-direct relationship where oncological words are lacking from the title. Direct oncology related titles represent 37.1 percent of the total titles. From these 65 titles, there are 1010 references out of 1441 total references representing 70.1 percent.

There are 1174 journal articles referenced out of 1510 total references representing 77.7 percent. There are 1174 journal articles out of a total 1449 journal articles and all meeting abstracts, representing 81 percent of the total journal articles and meeting abstracts. All meeting abstracts accounted for 275 references out of a total 1510 references (see **Table C**) representing 18.2 percent. All meeting abstracts accounted for 275 references out of a total 1449 journal articles and all meeting abstracts, representing 19 percent.

From **Table B**, there are 38 published book references out of 1510 total references, representing 2.5 percent. A listing of the titles is available upon request.

The primary specialty journals in oncology, namely the ***Journal of Clinical Oncology*** and the ***International Journal of Radiation Oncology, Biology & Physics*** were referenced 328 times out of a total 1510 references representing 21.7 percent. Should one add the sister publication to the ***Journal of Clinical Oncology***, the ***Proceedings of the American Society of Clinical Oncology***, the total number of references is 484 out of a total 1510 references representing 32 percent. The first 11 titles listed from the ***Journal of Clinical Oncology*** to the ***British Journal of Cancer*** had 915 references out of a total 1510 references representing 60.6 percent.

Discussion

The results above indicate that while oncology related journal titles represent a smaller proportion of the total journal titles referenced, the percentage of references in the oncology titles was high, at 70.1 percent. This may have implications for collection development. With shrinking library budgets, a clinically based cancer medical library could opt for holding primarily oncology titles and relying on interlibrary loans and other sources for document delivery, as the highest percentage of the best evidence seems to originate from oncology titles.

It is also worthwhile noting that abstracts from meetings and conferences accounted for approximately one fifth of all the references cited. Besides the ***Proceedings of the Annual Meeting of the American Society of Clinical Oncology*** as mentioned above, 59 abstracts were published in supplements to ***Blood*** from the ***Proceedings of the Annual Meeting of the American Society of Hematology***. It would seem then that these non-peer reviewed sources are important quantitatively, at least for some DSG, to provide the best evidence in the clinical setting and should not be overlooked. Unfortunately, meeting abstracts are often difficult to locate as MEDLINE does not index these and Cancerlit has been inconsistent with their indexing of these abstracts. Certainly other sources such as society Web sites and databases such as Conference Papers Index and the Directory of Published Proceedings as well as hand searches of key meeting abstracts should be performed for clinical practice guideline and evidence summary development.

It may not be necessary in the CCO environment to routinely search databases, such as EMBASE, for CPG and evidence summary development as most of the journals referenced are indexed in MEDLINE. EMBASE, though, does index certain conference papers and therefore it may be valuable to search for this type of literature. Further study in this area is warranted.

It is interesting to note, although perhaps not surprising when discussing CPG and evidence summaries, that published books do not represent a large percentage of the references cited. One would expect that CPG and evidence summaries would reference the primary literature in most cases. It was also noteworthy that 8 Web sites were referenced. The sites referenced are foreign practice guidelines in 6 cases and clinical trial protocol information in 2 cases. All of these references relate to breast cancer CPG. One might expect that, in the future, more extensive referencing of Web-based information might occur as people become more comfortable accessing the Web and organizations provide more content; although this is by no means a certainty.

Of the government reports, 4 were statistical reports and one was a National Cancer Institute clinical alert.

From this study, it has also been observed that CCO oncologists, who are the primary developers of CCO CPG and evidence summaries, tend to reference the primary specialty journals for best evidence more often. It might be interesting to see if this is also the case with foreign produced CPG and evidence summaries.

This study has not researched the nature of the type of information referenced in CCO CPG or evidence summaries to date. For example, are randomized controlled trials being referenced more in meeting abstracts or are these types of evidence referenced more in full journal articles? And, what is the nature of the journal articles other than full articles and meeting abstracts? It might be interesting to note how many letters and editorials are referenced from the journal articles. At a cursory glance, it would not seem that such is the case, however this could be analyzed further to provide more accurate information.

It should also be noted, as mentioned previously, that not all DSG have contributed CPG and evidence summaries to date. With the addition of more CPG and evidence summaries, different results may ensue.

Acknowledgements

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Reflections on the Evidence Based Librarianship Conference

Ellen Crumley

The first Evidence-based librarianship (EBL) Conference was held at the University of Sheffield in England on September 3 to 4, 2001. There were approximately 170 participants, many more than originally expected. Unfortunately, due to the timing and distance of the Conference, many North American health sciences librarians were unable to attend. Consequently, the next Conference may be held at a different time of year and other locations are being considered. ***BMC*** will publish updates as decisions about future EBL Conferences are made.

Jon Eldredge, convenor of the Medical Library Association's Evidence-based Librarianship Implementation Committee, opened both the Conference and Pre-conference with keynote speeches about the origins and future of EBL. Following the keynote, Andrew Booth and Anne Brice respectively discussed the *Library Oriented Reviews of Effectiveness (LORE)* and *Critical Skills Training in Appraisal for Librarians (CRISTAL)* initiatives occurring in the U.K. CRISTAL includes practical checklists to aid librarians in appraising articles that may change their practice. The afternoon had two simultaneous streams, Systematic Reviews in Health Information and Research Methods Showcase, each comprising three 20-minute poster presentations. One poster of note was Alison Brettle's *Systematic review of information skills training by librarians.* Brettle found no solid evidence that training health care professionals affected patient care or improved the professionals' searching skills. She attributed the lack of evidence to flaws in study design, execution and reporting of research conclusions of the papers included in the review. In addition, Glanville et al.'s poster session dealt with the much anticipated search strategies for systematic reviews in MEDLINE to be published in the ***Journal of Information Science.***

Tuesday began with John Sumison's presentation about public library sector research. He was followed by Nigel Ford, a self-confessed alien, who questioned the whole EBL movement and its feasibility; a different perspective (and different topic from that in the program!) which nicely balanced out the conference. Margaret Haines, a Canadian who is the Director of Research & Knowledge Management for the U.K. National Health Service, focused upon the practicalities of implementing EBL, including funding, research and exploring new roles for librarians. After lunch, participants had a choice of taking one of four workshops including how to plan research projects, apply for grants and critically appraise existing literature. The debate about whether librarianship was ready for EBL was the highlight of the Conference and many thought-provoking ideas were put forth. Portions of this debate will be featured in the next ***BMC***.

Overall, the Conference was intellectually stimulating and provided opportunities to meet and talk with librarians. However, it was not well attended by librarians outside the U.K. If it is held at a different time, location or perhaps jointly with another conference in the future, it is anticipated that registration will increase and that there will be a wider representation of librarians from many countries. Being an invited speaker to the first Conference was an exciting experience and I strongly encourage librarians to get involved in research, whether it is observational, cohort or a randomized controlled trial, and to publish their research once it has been completed. ***BMC*** provides a great opportunity to publish as it offers a $500 prize annually for the best research paper. I would highly recommend attending the next EBL Conference as it is a great opportunity to meet like-minded colleagues and travel to new and wonderful places.

Programme at a Glance

Monday September 3, 2001

Time	Venue	Session	
2:00 p.m.	JCR	Opening Address. Evidence Based Librarianship : Where Have We Come From and Where Are We Going? Jonathan Eldredge Co-ordinator, Academic & Clinical Services, University of New Mexico Health Sciences Centre Library	
2:45 p.m.	JCR	Evidence Based Librarianship : The UK Response Andrew Booth Director of Information Resources, Senior Lecturer in Evidence Based Healthcare Information School of Health and Related Research (ScHARR), University of Sheffield	
3:15 p.m.	JCR	Clear AS CRISTAL? Equipping Health Librarians With the Skills to Appraise Health Information Anne Brice Director of Library, Informatics and Knowledge Centre, Institute of Health Sciences, University of Oxford	
4:15 p.m.	Various	PARALLEL SESSIONS	
		Systematic Reviews in Health Information (JCR)	Research Methods Showcase
4:15 p.m.		Clinical Librarianship – A Systematic Review Alison Winning and Catherine Beverley School of Health and Related Research University of Sheffield	A Delphi Study to Determine Nursing Research Priorities and the Corresponding Evidence Base Michelle Kirkwood North Glasgow University Hospitals NHS Trust Library Service

Programme at a Glance

Monday September 3, 2001 (cont'd)

Time	Venue	Session	
4:35 p.m.	JCR	Information Skills Training : A Rapid Review of the Literature Alison Brettle Health Care Practice R&D Unit, University of Salford	Evidence Based Search Strategy Design : Identifying Systematic Reviews in MEDLINE Julie Glanville, Carol Lefebvre, V. White, Trevor Sheldon
4:55 p.m.	JCR	The Characterisation of Effective Information Dissemination From a Qualitative Systematic Review Fiona Duggan School of Information Studies University of Northumbria at Newcastle	How Does the Evidence Add Up? Management Statistics and NHS Information and Library Services Eric Davies, S. Maynard Library and Information Studies Unit, Loughborough University

Tuesday September 4, 2001

Time	Venue	Session
		EXTERNAL PERSPECTIVES
9:30 a.m.	JCR	Extending the Evidence Base in Public Library Research : How Far Are There Parallels in Health Service Libraries? John Sumison Senior Fellow, Department of Information Science, Loughborough University
10.00 a.m.	JCR	Evidence Based Decision Making : What is Required and How Might Technology Help? Nigel Ford Senior Lecturer, Department of Information Studies, University of Sheffield
10.30 a.m.	Foyer, Sharratt Room	COFFEE POSTER PRESENTATIONS
11:15 a.m.	JCR	Developing Evidence Based Librarianship in Canada : Six Aspects for Consideration Ellen Crumley Child Health Research Librarian, University of Alberta, Canada Denise Koufogiannakis J.W. Scott Library, University of Alberta, Canada
11:45 a.m.	JCR	Keynote Address. Evidence Based Librarianship : Increasing the Impact of Health Librarians Margaret Haines Director of Research and Knowledge Management, NHS South East
12:30 p.m.	Sharratt Room	POSTER VIEWING
		MINI-WORKSHOPS
1:30 p.m.	Various	**Workshop A** A Toe in the Water : Getting Started with a Local Research Project (Reference Library) **Workshop B** Cohort Studies : Producing Evidence for Making Practical Decisions in Librarianship (Fiction Library) **Workshop C** Interpreting User Studies (SCR) **Workshop D** Understanding User Needs : a CRISTAL Workshop (JCR)
3:00 p.m.	JCR	Debate: This house believes that librarianship is light years away from being an evidence based profession Andrew Booth (for), Veronica Fraser NHS Library Advisor, Department of Health
3:30 p.m.	JCR	Conclusion and Farewell

Author Information

***Ellen Crumley** is the Child Health Research Librarian with the Department of Pediatrics at the University of Alberta. On behalf of her co-author **Denise Koufogiannakis**, she presented a paper about the state of EBL in Canada and practical suggestions on how to implement it at the EBL Conference. They will be publishing this presentation in **Health Libraries & Information Journal**. Ellen was also invited to join the MLA's Evidence Based Librarianship Implementation Committee (EBLIC).*

The Challenges Ahead for Evidence-Based Librarianship[1]

Jonathan D. Eldredge[2]

Evidence-Based Librarianship (EBL) seeks to improve library practice by utilizing the best available evidence in conjunction with a pragmatic perspective developed from working experiences in librarianship. The best available evidence might be produced from either quantitative or qualitative research designs, depending upon the EBL question posed, although EBL encourages using more rigorous forms over less rigorous forms of evidence when making decisions [1].

Emerging trends over the past two decades, particularly the past four years, suggest that EBL will continue to expand and thrive. While predicting the exact course EBL will follow between now and 2020 requires some imagination, describing the concrete challenges ahead in the immediate future represents a far more pragmatic exercise. These challenges are:

- time
- money
- toys
- sibling rivalry
- parochialism

Time

Our profession has begun mobilizing to conduct original research to answer the most pressing questions in librarianship [2]. For most health sciences librarians, however, applying EBL means the far less dramatic role of finding the best available evidence to make practical decisions today. Formulating questions involves clearly defining a question to avoid wasting time in the subsequent search for evidence. It also demands prioritizing the numerous questions that arise in daily practice and identifying only those questions which have greatest impact upon librarianship [3]. The impact of any particular question will vary according to individual subject specialties such as education, collection development, management or reference. Impact will vary, too, by librarians' positions in their organizations or by their length of time worked within the profession. Booth's adaptation of Richardson and Wilson's distinction [4] between background versus foreground EBM questions to librarianship points to the immediate or delayed answerability of EBL questions. Background questions within this framework normally can be answdered satisfactorily from the established knowledge base of librarianship whereas foreground questions anticipate future research into the less examined domains of librarianship [5]. EBL still needs to develop more sophisticated tools for categorizing EBL questions along the lines of what already has been developed for categorizing EBM questions [6]. Searching for the needed evidence moreover can consume a great deal of time unless one utilizes a prudent search strategy [7].

Too often librarians are unable to find the rigorous level of research-grounded evidence they seek. Again, the priority of the question determines whether the question deserves (or might possibly ever deserve) original research to arrive at a satisfactorily rigorous answer. If an important question arises for which no sufficient answer exists, someone has to pursue an answer. That pursuit, alas, requires time. The busy work schedules and full personal lives of many health sciences librarians make it difficult for them to conduct research. Our physician colleagues already have devised strategies, and possibly the simple stamina, to conduct research despite their busy schedules. Discussions with others suggest that many EBL researchers presently find the necessary time by working in the early hours of the morning, late at night, or on weekends due to time constraints.

Studies from the nursing profession might point to possible solutions for librarianship. Nurses typically encounter a lack of time as a major obstacle to finding needed evidence due to their ongoing bedside responsibilities. A 1998 study referenced by Royle and Blythe indicates that nurses have faced formidable institutional barriers [8] in obtaining needed evidence. The Canadian Nurses Association's policy on EBN addresses this issue by stating: "Employers ... have the responsibility to provide: an environment supportive of evidence-based practice, the tools necessary to implement evidence into practice, and continuing education...." [9]. Perhaps librarians also face institutional barriers to pursuing the evidence they seek? Do our professional associations need to address this constraint by endorsing similar policy positions? Incidentally, interested EBL researchers might develop evidence on this topic, with either a case controlled or controlled comparison design, to identify how our most productive researchers find the needed time to conduct research.

Research on important subjects to generate needed evidence sometimes can be implemented by integrating original research into regular work projects. A collection resources use study for determining future budget or weeding decisions can be converted into a cohort study, or possibly even a randomized controlled trial (RCT). Two competing approaches for teaching users needing online searching skills can be evaluated more explicitly and with greater deliberation, again, with cohort or possibly even RCT study designs. Finding collaborators on researching these topics also might be another time-saving strategy.

Money

Traditionally, it seems that libraries have been one of the last institutions funded during financially bountiful times and one of the first to be cut during budget shortfalls. It would be a pleasant change from our past for us to present evidence instead of anecdotes to persuade decision makers about the viability of our services or resources. The author spent seven years as a member of the Joint MLA/AAHSL (Medical Library

[1]**Editor's note**: this article was based partly upon the author's keynote address at the EBL Conference 2001, Sheffield UK.

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Association/Association of Academic Health Sciences Libraries) Legislative Task Force, which involved regular trips to Capitol Hill in Washington, D.C. to seek funding for the National Library of Medicine. While anecdotes tended to personalize an issue, particularly if these stories involved people in specific Senators' states or House Members' districts, the empirical evidence seemed to carry the argument for more funding. For years this Task Force turned to Joanne Marshall's cohort study from the Rochester area of New York [10] as empirical evidence to support its funding requests.

Funding need not always be explicitly available for research either. As noted above, research projects can be integrated into everyday practice by exercising a little ingenuity to harness existing institutional resources. Several studies in clinical medicine suggest that much clinical research occurs due to the drawing upon existing resources. One analysis discovered that 63% of the research articles published in major emergency medicine journals were not financed by external resources [11]. Another analysis also pointed to a significant pattern of unfunded research, which was published in 14 leading psychiatry journals [12]. A study of 'fast track' academic radiology faculty members indicated that these high achievers were productive in published research but not better funded than their lower performance colleagues. Only 43% and 35% of these fast track assistant or associate professors of radiology respectively had secured external funding for research [13]. These empirical studies offer hope to researchers lacking the needed financial support. Still, it would be helpful if only a small percentage of government budgets could be diverted to pay salaries for librarians to conduct original EBL research.

Toys

What are toys? They are fads or devices that distract us from identifying and focusing upon the most important questions related to improving our practices. As Booth writes, "...our preoccupation as a profession with innovation and novel initiatives may result in the identification of more 'glamorous' questions at the expense of those that are of longer standing and fundamental to our practice [14]. Fads are ubiquitous in healthcare management and need no further discussion whereas the issue of new technology requires some reflective examination. Many health sciences librarians are enthusiastic about new technological devices that promise much but ultimately deliver very little. The most defining episode of technophilia for the author was during the 1986-1987 era when he and a handful of colleagues at his library were swept away by an enthusiasm for a pilot product of an electronic journal package named MEDIS. Instead of devoting a disproportionate amount of time and psychic energy for this technology project, the author probably should have devoted far more time and energy to employing a cohort study to evaluate use in his existing expensive journals collection, especially with a projected looming budget shortfall. A properly conducted cohort study involving journals usage might have bolstered budget requests and identified the expendable journal titles.

Toys, whether these are fads or new technological devices, do represent a devil's bargain for many librarians. These same toys tend to fascinate the decision makers who determine budgetary allocations for our libraries. Thus, librarians need to prudently explore the unknown domains of determining what might be most advantageous for the library over the long run versus making limited concessions on toys. Evidence collected from well-conducted studies about the impact and cost of toys in a library environment will provide practical information that can be used in the EBL process. As long as librarians are cognizant of these pressures, though, it seems that we will more likely make deliberate decisions in the face of assessing any new toys.

Sibling Rivalry

Where would civilization be today without the early scientific pioneers such as Jenner or Piaget or more recently Barry J. Marshall, who all utilized small-scale qualitative research designs to make important connections? Where would civilization be today without quantitative researchers such as the physicians Lind, Semmelweis or Louis who pioneered the first cohort study designs? Where would our world be, moreover, without other quantitative researchers such as those serving on the UK's Medical Research Council, which conducted the first authentic RCT?

The point, of course, is that librarians need to value both types of research in EBL. Sibling rivalry within our profession about the exclusive dominance of qualitative over quantitative, or vice-versa, reflects a broader debate. Over the past 30 years this debate has lingered like a chronic infection within the social and behavioral sciences. We have too little time or energy within our small and resource-limited profession to waste our time on these arguments.

The author has conducted both quantitative and qualitative research, and honestly fails to see the reason for this dispute. Librarians should use the most appropriate designs for the EBL questions at hand without shouldering the additional burden of this debate. Anne Mulhall reminds us that "different questions require different research designs...the design chosen must fit the particular research question" [15]. Librarians on either side of this debate should be granted the freedom to change their approaches and explore other venues for research. A news story about Japan's top fighter pilot from World War II, Saburo Sakai, offers a parable about the advantages of reconsidering one's strongly held beliefs. Following World War II, Sakai radically changed his nationalist views to the extent that he even sent his daughter to a U.S. university. Sakai now even has two U.S. born grandchildren [16]. If Saburo Sakai was capable of changing his mind, it seems that we should be capable of a far more tolerant orientation to the quantitative versus qualitative debate.

Qualitative research tends toward more exploratory forms of inquiry [17]. Do you enjoy the role of a pioneer? Do you like to find order amidst chaos? If so, perhaps you are well suited for qualitative research. Quantitative research, by contrast, tends to be the more confirmatory form of research. Quantitative research furthermore seeks to prove or disprove existing hypotheses. In fact, qualitative research originally might have generated these hypotheses. A recently compiled inventory of highly relevant international EBL questions contains many questions that can be best answered by using quantitative methods [18]. EBL favors quantitative evidence, but acknowledges that some questions simply cannot be answered satisfactorily without qualitative research. Some qualitative research might even be capable of pooling results in systematic reviews, as has been attempted

in the nursing field [19]. Even the most high-powered quantitative clinical medicine journals such as JAMA, CMAJ, etc also include qualitative studies.

Parochialism

EBL always needs to be sensitive to the unique contexts in which librarians operate. Librarians are very much immersed in their particular political, social and cultural contexts. Over the past two years an international group of colleagues on the Evidence-based Librarianship Implementation Committee (EBLIC) of the MLA Research Section have been collaborating on an international level. We have learned a great deal in the process about the contextual differences amongst our countries, particularly those differences driven by the values that affect the financing of our respective healthcare systems. At the same time, we have come to recognize that many more common issues facing libraries exist in our respective nations. The EBL questions generated by the EBLIC further points to the many common issues facing health sciences librarianship on the international level [20]. It would be contrary to our interests for distinct and separate U.K., U.S., Canadian, Swedish, Norwegian or Latin American [21] parochial forms of EBL to emerge. Thus, it serves our common interest to acknowledge our national differences while focusing our major efforts upon cooperating on shared issues.

Another remote possibility also exists: that EBL could become dogmatic amongst its adherents. This would pose a challenge stemming from another form of parochialism. During its first few years as a movement within medicine EBM adherents initially were zealous to the point of alienating the mainstream of medicine [22,23]. It seems difficult to imagine such an occurrence within EBL, although we should remain vigilant to prevent this second challenge of parochialism.

Parochialism also might take a third form: the majority of health sciences librarians reject the basic tenets of EBL. To draw upon anecdotal evidence, again, this author perceives that most critics of EBL within our profession simply do not understand what EBL adherents are trying to accomplish. This situation requires patiently explaining our goals to colleagues who otherwise might assume that we are late arrival EBM-wannabees. The historic evidence suggests that the roots of EBL can be traced to cohort studies [24-28] as far back as the 1950s or 1960s, and at least one possible cohort study [29] conducted in the 1940s. The first randomized controlled trial in health sciences librarianship can be traced to a 1981 publication [30]. The founding of the MLA Research Section [31] occurred in 1982. Health sciences librarians have developed their own distinct traditions and values over the years, which drive their research priorities.

These five proposed challenges lack the kinds of evidence we would like to use in EBL. They simply are the historic- or autobiographic-based, subjective and biased impressions of this one author as a participant in some of EBL's formation. Future historians possibly will offer a more objective, comprehensive perspective. The author has very much enjoyed the stimulating debate generated by his articles since 1997 when he first began exploring [32] the viability of EBL. He welcomes his colleagues to continue to engage him in discussing EBL through letters to the editor, e-mails and direct personal communications. For as Shermer writes, "Critical feedback is the lifeblood of healthy science [33]."

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Research Oversight and Searching at Johns Hopkins : Reinforcing the Need for Professional Search Skills in Medical Research

Recently, a healthy 24-year old woman, who had volunteered as a research subject for an asthma study, died from complications after being exposed to the study's intervention, hexmethonium. The lead researcher had searched PubMed for articles on dangers associated with hexamethonium and had found none back to 1960. He did not look for earlier literature. After an investigation, new safeguards have been put in place, which have been endorsed by the U.S. government and an external review committee. These safeguards include requiring investigators to collaborate with both a librarian and a pharmacist. As part of this collaborative effort, Johns Hopkins has formed a multi-disciplinary ad hoc group with representatives from the Welch Library, Johns Hopkins Hospital Pharmacy, and chaired by a professor of clinical pharmacology to establish a search standard for drug safety. Over the next several months, the group will test draft guidelines to establish search standards. Comments and suggestions for these standards are welcome and can be directed to Kate Oliver <*koliver@jhmi.edu*> and Nancy Roderer <*nroderer@jhmi.edu*>.

Interlibrary Resource Sharing (ILRS) Code: First Evaluation after Implementation in Australian Libraries

<*http://www.nla.gov.au/initiatives/nrswg/*>
<*http://www.nla.gov.au/ilrs/*>

The ILRS Code was launched successfully in January 2001 and adopted by a majority of Australian libraries. This Code standardizes interlibrary loan and document delivery service levels and recommended prices. The standardization ensures that Australia interlending system efficient and effective. The National Resource Sharing Working Group (NRSWG) developed the Code in consultation with the Australian library community; the NRSWG are now reviewing the Code to see what changes could be implemented to enhance the ILRS. At present, two minor changes are being considered: to make ARIEL, in addition to fax, as a default delivery method for Rush and Express services; to recommend a delivery price of $9.90 for loan of items up to 3 kg by Express Post, with the price for heavier items to be negotiated. The recommended price will provide more certainty for library about charges and allow patrons to make an informed decision about placing an order.

Toby Burrows, NRSWG (Chair)

Extending the uses of bibliographic software
Reference Manager as a multi-purpose tool

Becky Skidmore[1]

Created in 1989 as a non-profit corporation by the federal, provincial and territorial ministries of health, the Canadian Coordinating Office for Health Technology Assessment (CCOHTA) provides evidence-based information on emerging and existing health technologies (devices, equipment, procedures and drugs) for Canadian health care policy makers and managers. Initially established for a three-year trial period, CCOHTA became a permanent organization in 1993 and in late 1999 received further support from the ministries following acceptance of a five-year business plan and a more than two-fold increase in funding [1]. This enhanced funding has seen CCOHTA grow from a staff of only 13 in 1999 to close to 30 in 2001. This includes 3 full-time librarians/ information specialists and 2 part-time (1.1 FTE) library technicians. Research activity has increased significantly and there are now more than 50 research projects currently underway.

At CCOHTA, Information Services (IS) is closely involved throughout the research process, providing information retrieval, document delivery and finally, verification and formatting of references immediately prior to publication. To better support increased research activity, Information Services acquired the networked version of Reference Manager® (RM), a well-known bibliographic software package. Bibliographic software offers the opportunity to retrieve, store, manipulate and integrate references in documents using a specific or customized citation style. With RM, the intent was to develop a tool to manage bibliographic citations from information retrieval through to report publication in an efficient, cost-effective and, where possible, value-added way.

Workflow surrounding information retrieval, identification of relevant articles, document delivery and publication were analyzed to create an activity flow chart in the context of RM's capabilities (see **Figure 1**). A central database for bibliographic records was created and its structure modified to include 5 additional fields — Project code, Requestor's name, Comments, Publication number and Origin of information (RM currently offers only 5 user-defined fields). Existing "filters," or methods for downloading references from major databases, were adapted to the customized structure and new ones added as databases were modified (e.g., Grateful Med has been replaced by the NLM Gateway) or identified (e.g., Adis LMS Drug Alerts, Conference Proceedings Index). In RM, you can specify fields for inclusion, map fields, identify record separators, replace text, control font, etc. (see **Figure 2**). Since importing is generally database specific and cross-database searching in DIALOG (OneSearch®) is common practice at CCOHTA, records are extracted by database prior to importing into RM. Weekly alerts from each database often differ slightly from results obtained through regular searching and unique filters must also be created. Results are stored as text files according to established IS naming conventions.

Researchers are provided with hard copies of their search results from which they select items for follow up. To ensure that only relevant records are imported into the central database, IS imports these selected references from the original text files (using a cut and paste method) for document delivery from CCOHTA's collection or by interlibrary loan (ILL). RM and other bibliographic software allow users to select from a variety of predetermined bibliographic formats ("output styles") or to create their own. CCOHTA is not currently a member of DOCLINE and submits requests directly to preferred lending libraries. To address this, IS created output styles for ILL requests to CISTI, British Library and other frequently-used sources. These files are transmitted electronically to the lending library for processing. **Figure 3** partially illustrates the specifications for a journal request to CISTI.

Using available fields, IS can track and manage ILL orders by project, requestor, status (e.g., on order) and date of request. Over time, it is hoped that RM will add computational field ability to enable tracking of ILL expenses. Database-assigned ID numbers are added to documents upon delivery to facilitate manual filing. RM interfaces directly with Word, allowing it to be used throughout the writing stage to dynamically generate and update bibliographies. Although RM provides a number of predetermined output styles, it is important to consult a style guide to ensure completeness. CCOHTA follows the *Uniform requirements for manuscripts submitted to biomedical journals* [2] or "Vancouver style," for the formatting of in-text citations and bibliographies. Some modification was required to the RM-supplied Vancouver style to ensure proper syntax and formatting. The new output style corrects syntax errors and includes automatic insertion of URLs, accessed dates and publication numbers when available. Similarly, formatting of proceedings, conference papers, unpublished lectures, abstracts and posters, and Internet citations continue to be a problem and additional 'tweaking' to accommodate these reference types has been necessary.

A thorough understanding of the capabilities of RM and a familiarity with creating input filters and output styles is critical to the customization and development of RM. Technical support from ISI ResearchSoft and the ISI-supported listserv have been invaluable. Regular maintenance of the central database is essential to ensure ongoing quality and control. A detailed procedures manual for data entry and maintenance has been created and is regularly updated. In particular, RM provides 3 different periodical lists (chemical, humanity, medical) that can be copied into any RM database. The medical list contains the names of over 3000 medical journals and their Index Medicus abbreviations/synonyms. However, many commercial databases, including Medline®, abbreviate journal titles inconsistently and data imports contain frequent syntax errors. IS verifies and updates the periodical list weekly. Journal names not included can be abbreviated according to *Information and documentation – rules for the abbreviation of title words and titles of publications* (ISO 4), *http://www.nlc-bnc.ca/iso/tc46sc9/standard/43.htm*. Journal names containing

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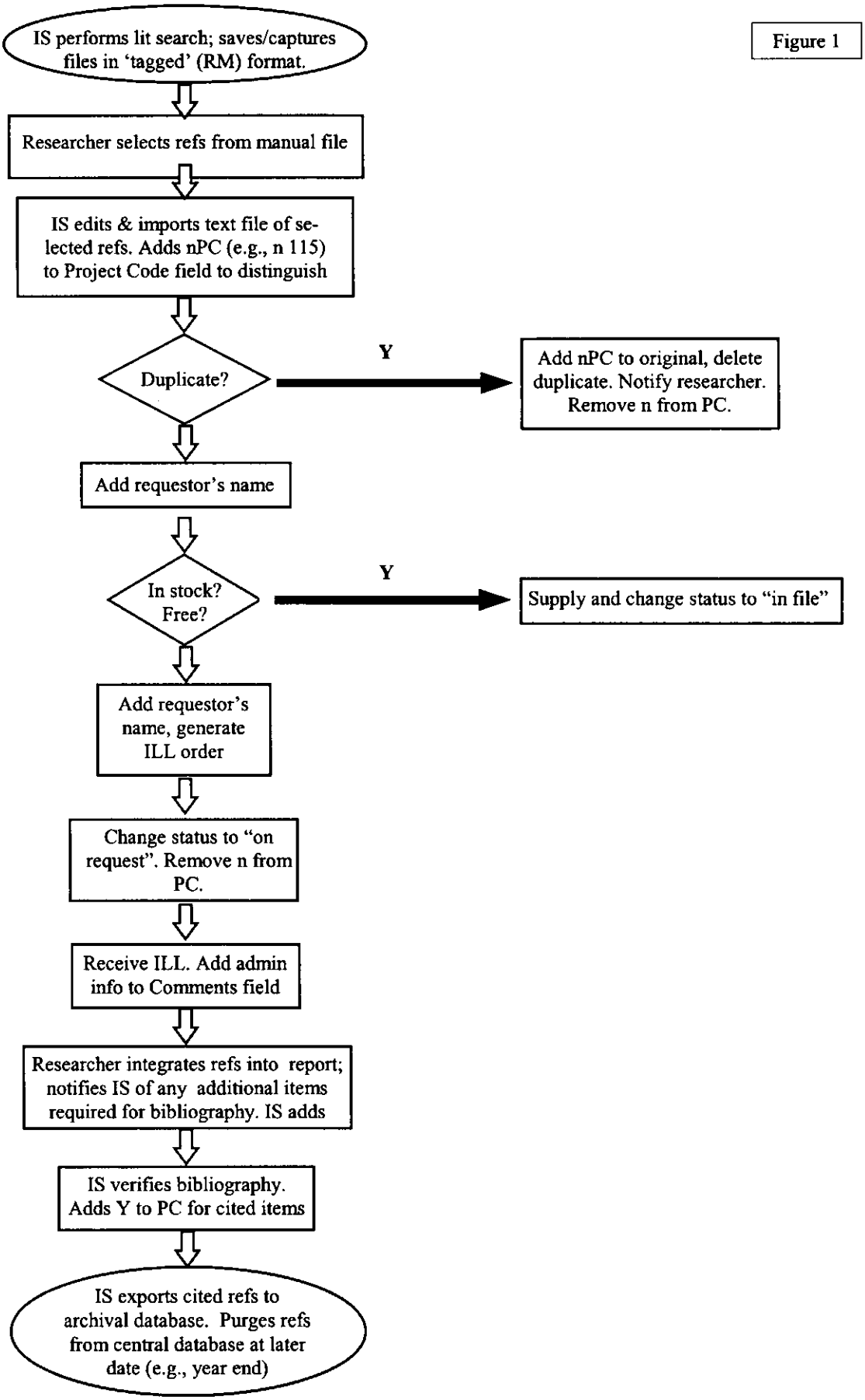
Figure 1


IS performs lit search; saves/captures files in 'tagged' (RM) format.
Researcher selects refs from manual file
IS edits & imports text file of selected refs. Adds nPC (e.g., n 115) to Project Code field to distinguish
Duplicate?
Y
Add nPC to original, delete duplicate. Notify researcher. Remove n from PC.
Add requestor's name
In stock? Free?
Y
Supply and change status to "in file"
Add requestor's name, generate ILL order
Change status to "on request". Remove n from PC.
Receive ILL. Add admin info to Comments field
Researcher integrates refs into report; notifies IS of any additional items required for bibliography. IS adds
IS verifies bibliography. Adds Y to PC for cited items
IS exports cited refs to archival database. Purges refs from central database at later date (e.g., year end)

only one word are not abbreviated. Two additional synonyms/ shortcuts can be assigned to each periodical if desired.

Maintenance also includes frequent checks for duplicate records to avoid unnecessary ILL charges. To control growth in the database, a special character is added to the Project code field to identify references cited in CCOHTA reports. These citations are exported into permanent, archival databases at project end. These and other references associated with a completed project are later purged from the central database. Terms in the author and keyword indexes that are no longer associated with any records are also purged periodically.

CCOHTA is currently developing additional ways to use RM within the systematic review process. Temporary databases containing the full results of the literature search are being developed to record reviewer comments and facilitate pre-selection and sorting of references. In RM, a personalized phrase list can be created in which repetitive words and phrases are stored and accessed as appropriate. Each reviewer has his or her own copy of the database to ensure blinding between reviewers. Following final selection by the reviewing team, identified references can be imported into the central database for document delivery. However, adequate control of these temporary databases is currently very resource intensive and further exploration of the interface between these databases and the central one is required.

In summary, the use of RM has greatly improved work efficiencies. IS provides ongoing training to research officers and publications staff to ensure proper use. Bibliographic records now include abstracts, subject headings, administrative information and personalized comments. Bibliographies can be created and updated in a timely and effective manner without the need for intensive verification of references. The central database structure ensures efficient information sharing across projects and enhances control of ILLs and the archiving of references following publication. The development of RM at CCOHTA is considered a 'work in progress' as IS continues to fine tune filters, output styles, database structure and explore further uses of the software.

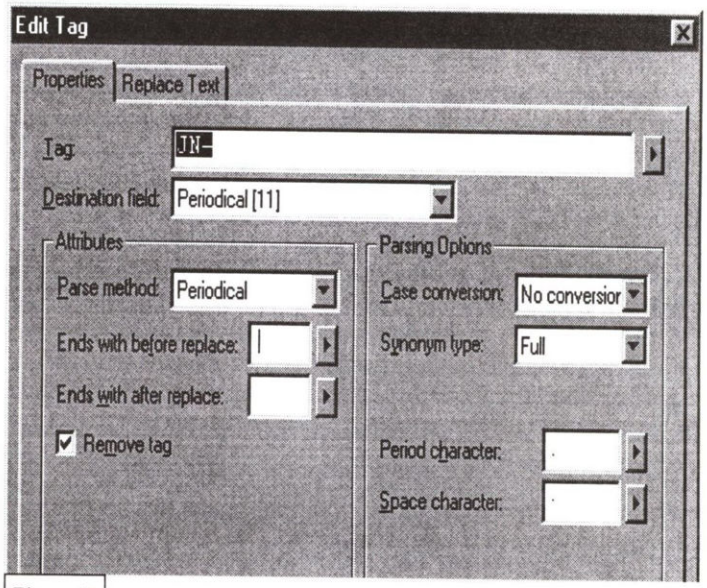


Figure 2

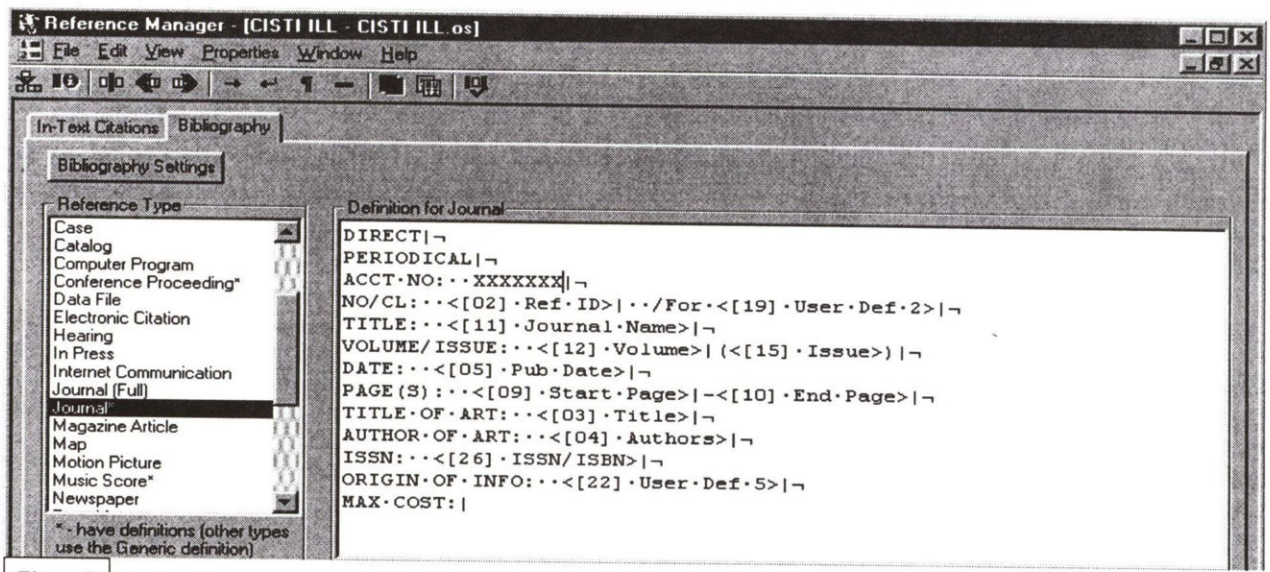


Figure 3

References

1. Canadian Coordinating Office for Health Technology Assessment. ***Annual report 1999-2000***. Ottawa: The Office; 2001. Available on the Internet at: *http://www.ccohta.ca/newweb/pubapp/pdf/*
2. International Committee of Medical Journal Editors. *Uniform requirements for manuscripts submitted to biomedical journals.* ***Ann Intern Med*** 1997;126:36-47. Available on the Internet at: *http://www.icmje.org/index.html*

Manitoba Health Libraries Association (MHLA) Update

Laurie Blanchard

President:	Laurie Blanchard J.W. Crane Memorial Library Deer Lodge Centre 2109 Portage Avenue Winnipeg, Manitoba R3J 0L3 Tel: (204) 831-2152 *lblanchd@deerlodge.mb.ca*
Past President:	Mark Rabnett
Vice-President/ President Elect:	Christine Ball
Secretary	Sheila Duprey
Treasurer:	Edith Konoplenko
Membership:	16 personal; 19 institutional; 35 total

On September 26, 2001, Manitoba Health Libraries Association (MHLA) members met for a strategic planning session facilitated by Dr. Joan McLaren, a leading Winnipeg expert on project management.

Over the last few years, shifting organizational structures, rapid technological change and time pressures have contributed to an identity crisis for the MHLA. Enthusiasm and activity were on the wane, and members were questioning its purpose. These are not conditions unique to Manitoba health libraries, to health libraries, or even to libraries; they seem to be systemic.

The unfortunate truth is that sometimes only a crisis forces positive action. A new executive brought a motion to the May 2001 General Meeting to propose a strategic planning session for the Fall. Members of MHLA were in favor, and clearly indicated that they supported the continued existence of the Association; they agreed it was time to take a closer look at its purpose, function and value.

The goal of the planning session was to identify a vision of MHLA that was specific, feasible, sustainable and supportive of its members. The facilitator followed a simple format, but one that allowed full individual and group participation.

Eighteen of us convened in the late afternoon at the Addictions Foundation of Manitoba training room. Fueled with a snack, participants were asked to reflect for a few moments to identify what they wanted MHLA to look like in three years, keeping in mind the following questions: what would the membership be like? What would the leadership look like ('like Julia Roberts' was not accepted as an answer)? What activities would take place? Who would manage activities?

After breaking in small groups, we reconvened together to share our vision. Common themes emerged: many indicated that we want to broaden the scope of MHLA, and to increase membership by including others interested in the provision of health information in Manitoba; we want strong rural representation and we want to increase and strengthen bonds to other local and national library and non-library associations.

There was also a sense that we need to re-evaluate our governing structure and think of new, creative ways to carry out the activities of the Association that would not burn-out active members. MHLA needs to find a way to allow the executive to identify and communicate small manageable tasks for all members, to utilize external resources and work with other associations.

After a pizza break, we began the evening's task of identifying what activities the MHLA should undertake. Again this was an individual and group task; we wrote our five priorities on cards and then posted our 'top three' activities on the wall. As each of us did this, definite themes emerged. In the lead were professional development, networking and communication, along with advocacy, marketing and resource sharing. We also generated some very specific ideas for professional development. Members will be polled to identify one or two ideas that will be developed into a program for next year.

Members were also asked to fill out a survey which identified how much time they felt they could participate in MHLA such as attending and working on MHLA activities. This will give the executive a sense of how much time people have, and to plan accordingly. The facilitator will also be preparing a report from the session. This year will be a reflective one for MHLA, in which we use this important feedback from members to structure the organization differently to fit our new realities.

In the end, members felt positive and optimistic about the future of MHLA. It seems we have many common goals and aspirations for MHLA. What we want is simple, and certainly within reach. We want the Association to continue because, both personally and professionally, we need to keep in touch with our peers and colleagues in other health libraries and learn what they're doing to keep from feeling isolated. We want to connect with other people who are doing similar work, to meet the person on the other end of e-mail or the phone. But, as president of MHLA, the most important message of the evening is that to ensure a good attendance at a MHLA activity, the crucial ingredient is free food.

Laurie Blanchard
MHLA President

Newfoundland and Labrador Health Libraries Association 2000/01

Heather Roberts

President:	Heather Roberts Resource Centre Health and Community Services PO Box 8700 St. John's, Newfoundland A1B 4J6 Tel: (709) 729-2264 Fax: (709) 729-5824 *hroberts@mail.gov.nf.ca*
Past President:	Heather Cooke
Vice-President/ President Elect:	George Beckett
Secretary/ Treasurer:	Annette Anthony
Membership:	18

The Newfoundland and Labrador Health Libraries Association held its 22nd Annual General Meeting and Conference on April 20, 2001 in Conference Room A, Confederation Building, West Block. The $10 membership fee included a complimentary lunch of soup and sandwiches. Special thanks to George Beckett for editing the NLHLA newsletter, Annette Anthony for helping with the Conference planning and her work on the Web site and listserv, Pam Morgan for helping with the website. A huge thanks to Stephen Green-Dowden who volunteered to take the minutes in Annette's absence.

Once again at the Annual Meeting, a discussion began on possible topics for future workshops. Possible topics included book restoration. It was suggested that we could also avail of any Continuing Education seminars. Heather had hoped to receive a list by Conference time. A combination of extra NLHLA funds and the CHLA/ABSC development fund could be utilized.

It was also suggested that we could have a DOCLINE workshop with a local presenter.

Prior to the workshop, the Conference Coordinator with the City of St. John's had contacted Heather about the possibility of St. John's hosting the national Conference again. George Beckett informed membership that CHLA/ABSC is looking for host cities for 2004 and beyond. He will mention this at the Annual Meeting.

An update was provided by each library representative. A special thanks to Barbara Reid who made the trip from Carbonear again this year. Among the many concerns are the closings of the Janeway and Grace hospital libraries.

The first Conference session was hosted by George Beckett, Health Sciences Librarian, who gave an update and demonstration of the Newfoundland and Labrador Health Knowledge Network (NLHKN). The project has been extended till at least 2002 and continues to add new products and features.

This was followed by a Records Management seminar conducted by Carman Carroll, Information Management Consultant and former Director of the Provincial Archives of Nova Scotia. It was felt participants would benefit by learning more about this growing field. Mr. Carroll provided an excellent overview of careers, issues and concerns in the profession.

In the afternoon, Ken Fowler, Planning and Evaluation Consultant with the Department of Health and Community Services, gave an informative and very enjoyable presentation on the use of statistics and information in health planning. The presentation centered on the Newfoundland data in the ***Second Report on the Health of Canadians***.

Heather Roberts
NLHLA President

Librarians on the Frontlines of the Latest Copyright War

<http://news.cnet.com/news/0-1005-201-6545588-0.html>

In an article written by Lisa Bowman for CNET, librarians are being targeted as possible proponents of digital copyright violation. Given publishers recent success in U.S. courts in defeating Napster, they are now turning their attention to other places where digital materials may be freely accessible (and therefore, potentially freely swapped) – namely, the library. Bowman identifies in the article the concerns of each side and phenomenons such as Ebrary who attempt to offer a solution satisfactory to all.

Lisa Bowman, CNET News.com

Canadian Health Network (CHN) has a New Look

<http://www.canadian-health-network.com>

CHN has changed the look of its home page and added a few new features. In addition to making site searching easier, there is a guest column by Minister of Health, Allan Rock and a space called "Behind the Headlines". The focus of this column is to look at health issues that are relevant across Canada and to provide some links to additional information that will increase Canadians understanding of the news item. Other topics of interest include diabetes, meningitis, drinking water and West Nile virus.

Lea Starr, CHN (Manager, West Regional Partner)

Complementary and Alternative Medicine (CAM)
Resources for the Health Professional

Debbie Monkman[1] and Bethany Becker[2]

CAM and the Health Professional

The rising popularity of complementary and alternative medicine (CAM) caught librarians – and health professionals – without a ready toolbox of resources. Unlike most areas in health information, professional literature and findings have not led consumer interest in CAM. Commercial developments such as magazines and Web sites have satisfied a certain amount of the public's appetite for information, but CAM has experienced a lag in the creation and dissemination of quality professional resources. Librarians and health professionals have been left to struggle with issues of reliability and access. As with any emerging field, the current development of resources is uncoordinated, there are gaps in information and a lack of standard terminology makes searching more complex. However, this situation is improving for CAM as a whole as resource development begins to mature. It is for this reason that we would like to offer an ongoing column that highlights CAM information resources for health professionals.

Integration : A Developing Field within CAM

In the first column, we address the notion of integration of conventional and complementary approaches to health and healing. Our interest in this topic arises from our work at the Tzu Chi Institute for Complementary & Alternative Medicine, where integrated care is the centerpiece of research, clinical and information activities.

While a substantial body of literature exists on the integration of conventional health care delivery systems, integration in the context of combining conventional and complementary approaches is new and highly diverse. It may range from private clinics offering one-stop shopping, to relaxation and meditation programs in hospitals, to organizations that are developing new models of care.

Attempts to provide the 'best of both worlds' are in their infancy. Until recently, answering questions on 'integration' has meant delving into the literature of many health systems (e.g., nursing, chiropractic, medicine, naturopathy, etc). We are now beginning to see a synthesized knowledge base about integration develop. Following is a selection of core resources that can help clinicians, administrators and consumers better understand what integration looks like in Canada and elsewhere, and how to put it into practice.

[1]**Debbie Monkman**, MLS. Manager, Information Resources & Services, Tzu Chi Institute for Complementary & Alternative Medicine, *dmonkman@tzu-chi.bc.ca*

[2]**Bethany Becker**, MJ. Health Promotion and Partnership Consultant, Canadian Health Network, Complementary & Alternative Health Affiliate (Tzu Chi Institute for Complementary & Alternative Medicine), *bbecker@tzu-chi.bc.ca*

Integration Resources

Health Canada released a collection of papers entitled, ***Perspectives on complementary and alternative health care***. These seven papers, from the Health Human Resource Strategy Division (formerly the Health Systems Division), Health Policy and Communications Branch, cover issues concerning definitions, health policy, integrative health care, ethics, information and informed choice as well as regulation. They make an important contribution to the evolving role of CAM in the Canadian health care system. Along with the August 1999 York Report, *Complementary and alternative health practices and therapies : a Canadian overview,* by the York University Centre for Health Studies, these documents represent the most comprehensive view of the state of CAM and integration in Canada. They are available at: *<http://www.hc-sc.gc.ca/hppb/healthcare/cahc/index.html>.*

Faass N, editor. ***Integrating complementary medicine into health systems***. Gaithersburg, MD: Aspen Publishers, 2001. $125 US.

From the conceptual to the practical: the most common question asked is some permutation of "how can practitioners from different health belief systems work together to provide the best care for a patient?" In ***Integrating complementary medicine into health systems***, Nancy Faass has brought together people with insight and experience. The book covers planning for integration of CAM in various environments, credentialing and regulation, clinical strategies, research and evaluation in addition to organizational structures. Various models of integration are offered, based on the experience of centers in the U.S. While all issues will not be relevant to the Canadian health care system, there is enough valuable information to merit the book's purchase. It is the first major work of its kind.

Rees AM. ***The complementary & alternative medicine information source book***. 1st edition. Westport, CT: Oryx Press, 2001. $49.95 US.

In the first chapter of this excellent book, Alan Rees gives an articulate overview of the current state of CAM and integration in the U.S. Subsequent chapters include Tom Flemming's evaluations of CAM Internet sources. If you want to add resources to your collection, or evaluate what you have, this resource is highly recommended.

Clinical information

Integrative Medicine Communications and their Web site, *<www.onemedicine.com>* are a good example of content created for the integrated practitioner. On the Web site is *Access : a professional reference to conditions, herbs & supplements*, a valuable clinical resource which synthesizes key points for

treating conditions – both from conventional and complementary perspectives – as well as sections on herbs, supplements and therapeutics. (Also available on CD-ROM for $99 US, however no updates are planned). ***The Consult*** is a newsletter for clinicians (Also available in print $129 US per year). Other online content includes the *Commission E Monographs* and *Expanded E* (CD-ROMs available), and news briefs from the current journal literature. Integrative Medicine sells content to other providers (e.g., Intelihealth carries a slightly abbreviated version of their consumer content in its Alternative Medicine section). Available at: <*www.onemedicine.com*>; online subscription $199 per year; free 30 day trial available.

A Canadian resource intended to assist busy health care professionals in the day-to-day practice, *CAMline* is a collaboration of five major Ontario health care organizations. While still short on content at the time of writing, a section on CAM Therapies and Practitioners was under review and was to be uploaded to the site in late fall. This is a resource to keep an eye on.

The Tzu Chi Institute has prepared an ***Integration Resource Package***, to be made available on its Web site, that pulls together books and articles pertaining to integration, as well as organizations that offer integrated care. The package is organized around the concepts of integration as practiced by individuals in their own health care, integration in clinical settings, and integration at the systems level. Available at: <*www.tzu-chi.bc.ca*>.

Next Steps

Future columns we have planned will alert you to CAM resources, geared to health information professionals, track significant developments in CAM and integration resources in Canada, and discuss issues of ongoing concern to librarians, such as searching for CAM information and health condition-specific information. Our goal is to provide you with what you need, so we would welcome direct feedback and any queries that may arise as a result of the information we have provided.

AHRQ Releases Evidence-Based Report on Patient Safety Practices

<*http://www.ahrq.gov/clinic/ptsafety*>

"***Making health care safer : a critical analysis of patient safety practices***", published by the Agency for Healthcare Research and Quality (AHRQ), Evidence-based Practice Centre, provides new evidence that could improve patient safety. Evidence on 79 patient safety practices was reviewed: 73 were cited as likely to improve patient safety; 11 were considered highly proven but not routinely performed in U.S. hospitals and long-term care facilities. Included in the 11 highly proven practices: antibiotic prophylaxis prior to surgery; ultrasound to assist the insertion of central intravenous lines; beta-blockers as prophylaxis for heart attacks during or after surgery. Other practices, such as computerized order entry forms and improved hand washing, long considered important by patient safety experts, did not make the top 11 list as they have not been sufficiently studied. Together with insufficient testing, other practices were excluded because they have important potential risks.

POPLINE Moves From the National Library of Medicine (NLM)

<*http://www.popline.org*>

Johns Hopkins University Centre for Communication Programs (JHU/CCP) has discontinued its agreement with the NLM to cooperate in the production and dissemination of POPLINE records. Since 1980, POPLINE has been a part of NLM's database family; like other specialty databases, its records are being moved to PubMed and Locator plus. POPLINE records through 2000 will be available from NLM free on the Internet. In addition, NLM will add prospective journal articles and monographic records in areas of family planning, contraception, fertility and population issues; a subject hedge on population/family planning will be added to PubMed in the future. From the above URL, JHU/CCP will continue to provide access to the data formerly in POPLINE and update the collection with new citations.

Update on Medical Care Ecology

Green LA, et al. *The ecology of medical care revisited. New Engl J Med* 2001 Jun 28;34(26):2021-????

Green LA et al. have written an update to a 1961 article by White et al., promoting the value of information in medical care. The editorial (found on page 2018 of the same issue) also contributes much to the article's discussion.

PubMed MEDLINE's LinkOut Now Available Internationally

<*http://nnlm.gov/libinfo/ejournals/linkout*>

PubMed's LinkOut, service that links the citation to the e-journal format according to local licence holdings, has to date been available in the United States. Now, this service is opened up to libraries internationally. To indicate interest in participating, send an email to *linkout@ncbi.nlm.nih.gov*.

Consumer Health Information

Susan Murray

Susan Murray is Manager, Consumer Health Information Service, Toronto Reference Library. Comments and suggestions can be directed to:

Susan Murray

at: *smurray@tpl.toronto.on.ca*

The Canadian Experience

Consumer Health Information : The Canadian Experience Conference was held at the Hospital for Sick Children on June 13, 2001. This special day, focusing on consumer health information (CHI), followed the Second Conference on Family Resource Centres in Pediatric Health Care Settings.

Keynote speaker Robert (Bob) Gann, Director, National Health Service (NHS), U.K., Direct Online, Help for Health Trust, provided a fascinating overview of the NHS's ten-year health information strategy, including NHS Direct Online, 24x7 telephone health information, and an innovative health computer kiosk project. I particularly liked the statistics he quoted for DHS Online. Launched by Prime Minister Tony Blair in December 1999, the site receives 200,000 hits a day (5,000 visitors), the average visit is 15 minutes, an equal number of men and women access the site, age 35 to 44 years is the highest user group, 80% are middle-class and most users want personal health information about a known medical condition.

For further information on the NHS strategy, see: <*www.doh.gov.uk/nhsexipu/strategy/update*>.

The Conference featured panel discussions on:

- The role and responsibility of the media and technology
- Consumer health information in Canada : who's doing what? (Debbie Bang, Keith Denny, Marg Muir)
- Consumer health information : where's the evidence? (Don Buchanan, Lynda Baker, Susan Murray)

There was also a wealth of concurrent sessions on such topics as: *CHI on the Internet : an evaluation framework*, *Healthy lifestyles video and discussion group*, *The Rehabilitation Resource Centre*, the Dietitians of Canada's *Eat well, live well Web site*, *Barriers to accessing HIV/AIDS services for women*, and *A wholistic approach to providing diabetes education and health information to first nations communities*.

Medical Library Association Conference 2001 : CAPHIS (Consumer and Patient Health Information Section) Programming

The CAPHIS sessions at MLA 2001 focused on special needs, such as cultural diversity, health literacy and serving users with mental health problems.

There were two sponsored sessions. *Cross cultural encounters of the third kind* explored the issues surrounding the provision of health services and information to consumers from a variety of cultural and linguistic backgrounds. A keynote paper was presented on: *Culturally competent health care : implications of diversity for health sciences librarians*. Contributed papers included the *Hispanic/Latino Health Outreach Program* and *Designing a curriculum on Internet health resources for deaf high school students*.

Speaking plainly : meeting the health information needs of low-literate consumers featured two speakers: Jill Dotts, Executive Director, Florida Literacy Coalition and Sandy Newell, Library Program Specialist, State Library of Florida. The accompanying contributed papers focused on collaboration with community partners to provide health information to low-literate consumers.

CAPHIS co-sponsored five sessions, notably: *An information oddity : the quest for reliable resources and tested terminology in alternative and complementary therapies*, and *Consumer health information : special needs for mental health populations*.

For further information, check the CAPHIS site at: <*http://caphis.mlanet.org/activities/MLA2001.html*>

The Consumer Health Credentialing Program

MLA's new consumer health credentialing program, mentioned in my Spring 2001 column, has been attracting a lot of attention. Questions about it were raised on the CAPHIS listserv and it was discussed at the CAPHIS Business Meeting at MLA 2001, attended by MLA Executive Director Carla Funk and Kathleen Gaydos Combs, MLA CE Coordinator.

MLA has established a Consumer Health Continuing Education Credential Task Force and requested representatives from the MLA Sections. As the current CAPHIS Chair, I asked Michele Spatz, CAPHIS Chair 2001/2001, to serve as the CAPHIS liaison. Liaisons will help the CE Committee put the final touches on this new program, and once it is established, provide feedback from constituents and assist in identifying more instructors of consumer health-related continuing education courses. MLA is very interested in hearing your opinions. Please

contact Michele at micheles@mcmc.net to contribute your ideas about the credentialing program.

Further information and a downloadable brochure are available at: <*www.mlanet.org/education/chc/index.html*>.

Collection Development

The supplement to ***Library Journal***, May 1, 2001, is a 61-page special CHI issue. It includes annotated listings of recommended nutrition resources (p. 5-16), the twenty-four best consumer health books 2000 (p. 18-20), CHI on the Net (p. 21-24), a listing of 700 recent and forthcoming titles arranged by subject (p. 27-53) and a very useful index of 200 publishers with complete contact information (including Web sites) and subject categories (p. 54-60).

Ahmann E, Johnson BH, Webster PD. ***Creating and enhancing patient and family resource centers.*** Bethesda, MD: Institute for Family-Centered Care, 2000. ISBN: 0-9677733-3-4. $50 US.

This well-organized and practical guide for developing patient and family resource centers addresses a range of issues, including planning, scope of services, selecting and organizing materials, staffing, use of technology and evaluation. It includes sample documents, marketing tools, budgets, fundraising strategies, policies and procedures, a comprehensive listing of consumer health Internet sites in addition to many examples. The importance of collaboration with patients, families and communities is emphasized.

For further information, see: <*http://www.familycenteredcare.org/resources-frame.html*>.

Foreign Language Sources

Annotated listings of recommended patient education materials in foreign languages can be found at: <*http://u-write.com/foreign.shtml*>.

The Web site "Translated health education materials", formerly at <*http://www.healthtrans.org*>, changed its name and URL several months ago. Beware — this URL does NOT provide a page referring the user to the new Web site and takes one to an "adult entertainment" site. The URL for the new Web site, called "Multilingual health education Net," is <*www.multilingual-health-education.netg*>. It lists documents by language/topic of their translated health material and are available in PDF format.

CHI Readings

Eysenbach G, Diepgen T. The role of e-health and consumer health informatics for evidence-based patient choice in the 21st century. ***Clinics in Dermatology*** *2001;19:11-17.*

"Focuses on the opportunities and challenges of e-health and related developments for the concept of evidence-based patient choice (EBPC)," it is defined by the authors as a paradigm at the intersection of evidence-based medicine and patient-centered medicine. It also discusses Internet-based CHI and how consumers can evaluate this information.

Pittman T.J, O'Connor MD, Millar S, Erickson JL. Patient education: designing a state-of-the-art consumer health information library. ***Journal of Nursing Administration*** 2001;??:316-323.

Discusses the planning and early development of the Eleanor Blum Patient and Family Resource Center which opened at the Massachusetts General Hospital (Boston) in March 1999.

Journal of Hospital Librarianship

The first issue of this new Haworth Press journal was published in Spring 2001. It includes a *Consumer health connections* column edited by Michele Spatz, Director, Planetree Health Resource Center, Mid-Columbia Medical Center, The Dalles, Oregon and CAPHIS Chair 2000-2001.

Vol. 1(1)

Spatz M. *Building the dynamic consumer health collection*, p. 85-99.

This is a Brandon-Hill CHI listing of 146 titles at $3,558.84 US ($5,482.39 CDN) in 26 categories, and 23 periodical titles at $1,183.35 US ($1,822.95 CDN) for a total of $4,742.19 US or $7,305.34 CDN.

Vol. 1(2)

Alpi K. *Multicultural health information seeking : achieving cultural competency in the library*, p. 51-59.

Discusses the audience, making multicultural materials available, suggestions on effectively communicating in the reference interview and a selection of cultural competence resources available on the Internet.

MLA News

March 2001

Cultural competency in health care, p. 8. Submitted by Luis Gonzalez.

This bibliography is also available on the MLA Web site at: <*http://mlanet.org/publications/mlanews/2001/marnews01.html#3*>.

April 2001

Evidence-based consumer health, p. 9. Submitted by Gail-Yvette Hendler.

An annotated list of 10 evidence-based consumer health Internet resources.

Public health information kiosks, p. 12. Submitted by Moe Ajam.

Discusses 5 objectives for implementing kiosks which determines their location and content. For further information about selecting kiosk components, see: <*www.patient-education.com/Kiosks.html*>.

May 2001

Dental websites, p. 11. Submitted by Van Afes.

An annotated list of 11 dental Internet resources.

Complementary medicine SIG basks in explosion of Internet, p. 12. Submitted by David Owen.

Information about this SIG and its current activities can be found at: <*itsa.ucsf.edu/~djowen/compsig.index.htm*>.

Public Library Quarterly

Volume 18, numbers 3/4, 2000 is a special issue focusing on CHI. Articles include: *Starting a consumer health information service in a public library, Helping public library patron find medical information : the reference interview*, (the Consumer Health Information Service is mentioned briefly in both of these articles!), *A cancer library and health resource center : resource for the community* and items about HealthWeb and

NOAH. It also includes a range of specialized essays on topics such as attention deficit disorder; blindness; materials for lesbians, gays, bisexual and transgendered people (by Tom Flemming); juvenile diabetes; HIV/AIDS and an examination of 1998 literature on eating disorders.

Please note that although the cover date is '2000,' the material for this issue was submitted in September 1999 and was not published until late Spring 2001 (nearly 15 months off schedule).

Integrative Health Institute Library

The Integrative Health Institute in Calgary, Alberta recently opened their library with information on conventional and complementary practices, including resources on nutrition and exercise. The Institute is a not-for-profit organization established to provide reliable information and education on integrative health to the public and health care professionals. Phase 1 is directed to the consumer; Phase 2 will target the health professional.

The library has a small collection of journals starting with January 2001 and is willing to supply interlibrary loan requests; their DOCLINE code is ABCIAD. Please visit *<http://www.integrativehealth.ca>*. The library catalogue is under the 'services' tab on the navigation bar.

For more information and/or a copy of their journal list, please contact Kim Polvi at:

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Healthnet Web Site

Healthnet : Connecticut Consumer Health Information Network at the Lyman Maynard Stowe Library, University of Connecticut Health Center has added a new feature on its Web site at: *<http://library.uchc.edu/departm/hnet>*.

Tips to assist consumers in finding personal health information on the Internet are under the link 'Interested in doing your own research?' This was developed in conjunction with the NLM funded EmpowermentPlus project which was designed to provide training for members of self-help groups in Connecticut to search for quality health information on the Internet.

Some unique features of this site include how to research information on a disease or medical condition, how to locate information on health care providers and evaluating Web sites. Links are provided from the EmpowermentPlus main page to the resource guides developed by Healthnet staff on topics including aging, patient advocacy, mental health and navigating the health care system. Included also under the heading 'Diseases and disorders' are links to online textbooks, MedlinePlus, and a guide to using PubMed written for the novice searcher.

Currents in Library Research

Compiled by Andrea Hodgson

McGowan J. *For expert literature searching, call a librarian. **CMAJ** 2001;165(10):1301-2. <http://www.cma.ca/cmaj/vol-165/issue-10/1301b.asp>*

Helmer D, Savoie I, Green C, Kazanjian A. *Evidence-based practice : extending the search to find material for the systematic review. **Bull Med Lib Assoc*** 2001;89(4):346-352.

Background: Cochrane-style systematic reviews increasingly require the participation of librarians. Guidelines on the appropriate search strategy to use for systematic reviews have been proposed. However, research evidence supporting these recommendations is limited.

Objective: This study investigates the effectiveness of various systematic search methods used to uncover randomized controlled trials (RCTs) for systematic reviews. Effectiveness is defined as the proportion of relevant material uncovered for the systematic review using extended systematic review search methods. The following extended systematic search methods are evaluated: searching subject-specific or specialized databases (including trial registries), hand searching, scanning reference lists and communicating personally.

Methods: Two systematic review projects were prospectively monitored regarding the method used to identify items as well as the type of items retrieved. The proportion of RCTs identified by each systematic search method was calculated.

Results: The extended systematic search methods uncovered 29.2% of all items retrieved for the systematic reviews. The search of specialized databases was the most effective method, followed by scanning of reference lists, communicating personally and hand searching. Although the number of items identified through hand searching was small, these unique items would otherwise have been missed.

Conclusions: Extended systematic search methods are effective tools for uncovering material for the systematic review. The quality of the items uncovered has yet to be assessed and will be key in evaluating the value of the systematic search methods.

Barbash A. *Mobile computing for ambulatory health care : points of convergence.* ***J Ambulatory Care Manage*** 2001;24(4):54-66.

The clinical practice of medicine requires highly trained and accountable health professionals who are able to blend science and art at the moment of care. To succeed in this endeavour and make effective care decisions, health professionals needs current information about the conditions and histories of their patients. Mobile computing may offer an effective solution for some of the problems inherent in clinical care, but only if it moves information to the point of care in a way that clearly adds value to the practice of medicine. Further, there are important differences between outpatient and inpatient care, and these differences must be taken into account when assessing a particular application of mobile computing. My approach to the issues associated with mobile computing is to regard clinicians as falling into natural groupings based on specialty and physical location. These groupings define how the clinicians work and how mobile computing should be used. Clinicians will adopt mobile computing when there is a convergence of critical information-processing technologies and a clear demonstration of their point-of-care value.

Longo DR, Patrick TB. *Consumer reports and health care information : a call for research.* ***J Health Care Finance*** 2001 Fall; 28(1):92-6.

The consumer movement together with the information explosion has a tremendous impact upon all aspects of American life. Health care is a prime example of a vital area of importance that has seen and will continue to see a demand for more timely and appropriate information that consumers can use to assist in decision making about personal health care services. This article proposes that cancer, in particular breast cancer, presents one of the major diagnostic areas that has caused women to seek out such information. We propose needed research including a conceptual framework that may guide that research.

Brooks BA. *Using the Internet for patient education.* ***Orthop Nurs*** 2001 Sep/Oct;20(5):69-77.

This article reviews the evolution of patient education on the Internet and offers guidelines for nurses who wish to enhance their patient education materials with Internet resources. Emphasis is placed on learning the necessary skills and knowledge to incorporate Internet technology into nursing practice.

Berland GK, Elliott MN, Morales LS, Algazy JI, Kravitz RL, Broder MS, et al. *Health information on the Internet : accessibility, quality and readability in English and Spanish.* ***JAMA*** 2001 May 23-30;285(20):2612-21.

CONTEXT: Despite the substantial amount of health-related information available on the Internet, little is known about the accessibility, quality and reading grade level of that health information. OBJECTIVE: To evaluate health information on breast cancer, depression, obesity and childhood asthma available through English-language and Spanish-language search engines and Web sites. DESIGN AND SETTING: Three unique studies were performed from July 2000 through December 2000. Accessibility of 14 search engines was assessed using a structured search experiment. Quality of 25 health Web sites and content provided by one search engine was evaluated by 34 physicians using structured implicit review (interrater reliability >0.90). The reading grade level of text selected for structured implicit review was established using the Fry Readability Graph method. MAIN OUTCOME MEASURES: For the accessibility study, proportion of links leading to relevant content; for quality, coverage and accuracy of key clinical elements; and grade level, reading formulas. RESULTS: Less than one quarter of the search engine's first pages of links led to relevant content (20% of English and 12% of Spanish). On average, 45% of the clinical elements on English-language and 22% on Spanish-language Web sites were more than minimally covered and completely accurate and 24% of the clinical elements on English-language and 53% on Spanish-language Web sites were not covered at all. All English and 86% of Spanish Web sites required high school level or greater reading ability. CONCLUSION: Accessing health information using search engines and simple search terms is not efficient. Coverage of key information on English-language and Spanish-language Web sites is poor and inconsistent, although the accuracy of the information provided is generally good. High reading levels are required to comprehend Web-based health information.

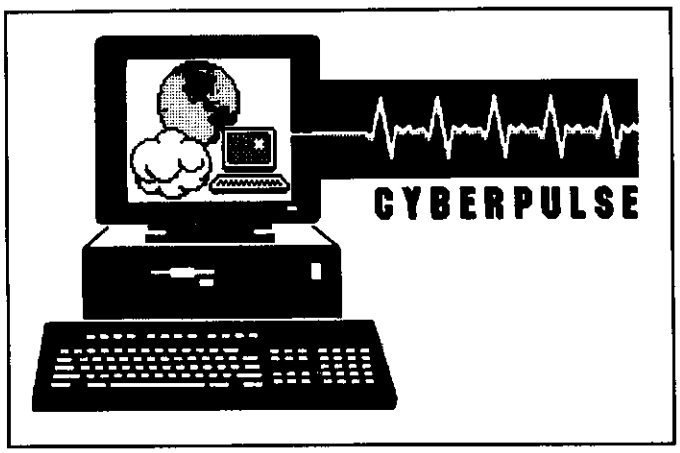
2000 *Cumulated Index Medicus* : the End of an Era

<http://www.nlm.nih.gov/pubs/techbull/ja01/ja01_cim_demise.html>

NLM will cease the publication of the ***Cumulated Index Medicus (CIM)*** with the 2000 edition (Volume 41). Listed among the factors contributing to its demise: declining subscriptions, Internet access of MEDLINE via PubMed and various commercial products that contain ***Index Medicus*** citations. Given that citations in ***Index Medicus*** and MEDLINE are invaluable, the National Library of Medicine (NLM) guarantees that ***Index Medicus*** and MEDLINE will always be available and that the monthly publication of ***Index Medicus*** will continue to be published.

Cyberpulse

Rita Vine



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Avoid Information Overload in Teaching Search Engines

One of the keys to good training is providing just enough information to make your point and enable understanding. Many novice trainers don't know when to stop talking, and end up providing TOO much information for adult learners to absorb and retain. This kind of training makes users feel overwhelmed by training, rather than empowered by it.

The area where this problem is most acute is in teaching search engine usage. Most novice trainers focus on teaching Boolean search skills, which are hard to master and retain. Teaching Boolean searching also seems to reinforce the antiquated notion that search engines really CAN produce good results if you just know how to use them better. Most Web research professionals now understand the vast limitations of search engines. Trainers who focus on the Boolean search end up overemphasizing the value of search engines and wasting valuable teaching time.

An alternative approach is to explain, briefly, the limitations of search engines (cannot index databases, do not index short or long pages fully) and then provide a couple of easy-to-understand rules on the recommended use of search engines. Here are some 'rules' that work well in training classes.

Rule #1. Use search engines to find only Web sites of known organizations or 'needle in a haystack' search topics.

Search engines work beautifully for finding known Web sites – no matter what search engine you use, you generally find the organization's web site in the first ten hits if the name of the organization is entered in the search box. That's exactly what we want to see in search engine results – unambiguous results which can easily be identified as correct or incorrect without wasting time poking through searches to evaluate results.

Defining 'needle-in-a-haystack' questions can be a challenge, because many things that we think may be rare on the web (e.g. rare diseases, drugs) are actually quite popular topics.

As a rule of thumb, I tell learners to think that something is a 'needle-in-a-haystack' search if it fits two criteria. First, it should be distinctively named, and second, the topic should have little or no commercial value. A good example is LOUISIANA TAX FORMS, which generally turns up good results in the first ten results of most search engines. Since the Web is commercially oriented, it is unlikely that content with little commercial value will be available in great quantity on the Web or that it will be infected by pay-for-placement advertising schemes. Generally, most learners find this concept easy to understand.

Rule #1 above implies that users should stop checking search engines for common topic searches.

It is inevitable that users will continue to use search engines for topical searches – and may even find some useful search results for some topics. But the rule helps remind them that if they choose to do a quick search engine search on a common topic, they should not rely on those results alone.

Rule #2. Forget about Boolean

This is a natural outgrowth of rule #1, which does not recommend using search engines for common topic searches. Full Boolean searching is hard to teach to end users, and they forget it almost as soon as they learn it.

End users are very poor at query formulation using Boolean because they haven't been drilled thoroughly in the process of keyword/synonym selection. As evidenced by our extensive classroom experience, user creation of Boolean search strategy is almost always flawed. In a wild Internet world where keyword is the law, with no thesaurus or controlled vocabulary, how could anyone think of all the possible word permutations and combinations necessary to retrieve the best information? And lastly, since we know that search engines don't index a great deal of the Web, isn't using Boolean kind of like trying to drain blood from a stone?

Rule #3. Prove with compelling examples that a couple of quality general directories can do the job that search engines cannot, quickly and with less work.

This is where good examples are so very valuable. If you can prove through examples that search engines cannot reliably fetch the same quality information as a good directory, you help your users begin to understand the value of changing their current searching behavior. To do this it is necessary to find one or two great examples that can prove your point.

Choose an example that is both relevant to the learners and also highly illustrative of the point you are trying to make. Take the time necessary to think of and test some good examples. If you can't think of a good example, you can always use my favourite – finding salaries for the profession of your learners. (People love to find out what their colleagues are earning!) For example, if you trying searching LIBRARIANS SALARIES NEW YORK CITY in a search engine, the results will be largely lackluster. Then try answering the same question by browsing through Librarians Index to the Internet <*www.lii.org*> categories JOBS/WAGES and then clicking on something like Salary Expert.com and then running a search on librarians salaries in the Salary Wizard. They will get it right away because you've used the same highly relevant example to demonstrate your point – that good quality directories will yield different results than search engines.

The importance of great examples is often underestimated when planning Internet training. In your next class, try preparing an example that capably illustrates the point you are trying to make. Not only will you get the point across quicker, the time you spend preparing the example will help you focus on your objectives in a clearer and more rational way.

PubMed Central Redesign

A few things have changed at PubMed Central. As of mid July 2001, PMC citations will have persistent journal and article IDs. These IDs are used to construct the URLs to a journal table of contents or archive page and to an article abstract or full-text page respectively. There is also many more BioMed Central titles, whose URLs have changed due to the redesign: <*http://pubmedcentral.nih.gov/index.html#journals*>.

Free Access to Medical Ejournals to Poor Countries

An article written by David Brown in the Washington Post, Monday July 9, 2001 announces that six publishing houses are providing access to approximately 1000 medical journals to medical schools, research laboratories and government health departments in poor countries. Publishers involved in this initiative include Elsevier, Wolters-Kluwer, Blackwell, Springer-Verlag and John Wiley & Sons (Harcourt General was included in this list but since this publication, Elsevier has taken over Harcourt). This initiative fits with a United Nations program called Health InterNetwork; these ejournals will be made available through an Internet portal created by WHO as part of Health InterNetwork.

Elsevier Science : Born from Elsevier's Acquisition of Harcourt

In mid July 2001, Elsevier's purchase of Harcourt was approved by the competition authorities in the US and UK. According to the press release, the two companies were well matched in terms of culture and business. The combined businesses will focus entirely on scientific, technical and medical publishing. The name of the combined businesses is Elsevier Science with two divisions: Science & Technology, and Health Sciences. One of the first orders of business under this new combination is to provide access to all Harcourt titles through ScienceDirect. Elsevier Science will also honour all existing contracts for IDEAL.

Creating Web-accessible databases. Julie M. Still, editor. Medford, New Jersey: Information Today, Inc.; 2001. 184 pp.

Creating Web-accessible databases is a compilation of case studies or "lessons learned" rather than a technical manual. The case studies come from a variety of settings including academic and public libraries, individual Web-based projects, and even a commercial enterprise.

Julie Still has Master's degrees in library science and history and is currently a faculty member at the Paul Robeson Library at Rutgers University-Camden. Having been through the formative stages of designing and implementing Web-accessible databases, Still desires to share the traps and pitfalls that often ensnare projects. The book was developed to fill a gap in the literature about creation of Web-accessible databases from the perspective of the nonprofit sector. The collective voices speak to the important contribution librarians and information professionals make to the design process, however there is also an emphasis on the importance of partnering with other stakeholders (technical staff, users, etc) for a collaborative process.

Although not all contributors are librarians, the overall collection focuses on issues of interest to many in the profession. Issues relevant to both public and private sector libraries are addressed, such as cataloguing Web resources, the importance of controlled vocabulary, designing search engines and interfaces, and choosing technical platforms. Other chapters, including overviews of metadata, Dublin Core and XML, provide a look at some potential solutions for cataloguing challenges arising from Web-accessible databases.

At 184 pages, *Creating Web-accessible databases* is extremely readable and insightful. The index is satisfactory; however, a glossary would be beneficial. This book would be most useful to readers with beginner to intermediate knowledge of the mechanics of databases, although experience with specific software is not necessary. The collection provides a good overview of the obstacles and solutions relating to Web-based databases.

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Library evaluation : a casebook and can-do-guide. Danny P. Wallace, Connie Van Fleet, editors. Englewood, Colorado: Libraries Unlimited; 2001. 237 pages. ISBN 1-56308-862-2 (softbound). $45.00 US.

This guide originated from the Ohio Library Evaluation project carried out at Kent State University from 1997-1998, which brought together 100 public library staff members for a week long exploration of approaches to library evaluation. Many of the presentations made during this project have been compiled into this book.

Editors Wallace and Van Fleet have published previously in the library evaluation field and are professors at the School of Library and Information Studies at the University of Oklahoma. Through this compilation, Wallace and Van Fleet attempt to bridge the gap between researchers and practitioners by presenting examples of systematic approaches to library evaluation that are both sound and practical.

Library Evaluation includes a detailed table of contents, a preface, an index and bibliography. The book is organized into six major sections focusing on the following topics: the culture of evaluation, the measurement of organizational effectiveness, evaluating reference/information services, evaluating collections, evaluating virtual library collections and the context and value of evaluation. Each section includes an introduction to the topic followed by case studies and method and case summaries. Extensive resource lists complete each section. The extensive bibliography provides in-depth coverage to library evaluation literature.

While it is important for all librarians to nurture a culture of evaluation in order to continuously improve library services and identify ways to make positive changes, Wallace and Van Fleet maintain that there is no one right way to evaluate. As an example, one case study, contributed by the Texas Library Association (TLA), describes their public relations project whereby statistics on Texas libraries was gathered and presented in such a way that legislators and members of the public could relate easily to the costs of basic public library services in comparison with other popular leisure activities. Other appealing case studies include a total quality management method to improve staff morale and service in a mid-size public library and a study on evaluating search engines.

This book is an excellent resource for its intended audience: library managers, especially those in public libraries. I would also recommend this book for library school students and managers in university and college libraries.

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Super searchers on health & medicine : the online secrets of top health & medical researchers. Susan M. Detwiler. Bedford, NJ: Information Today, Inc.; 2000. 190 pp. ISBN 0910965-44-7. $24.95 US.

If you have ever wished you could have a one-on-one session with an expert searcher, this is the book to read. Like the other titles in the Super Searchers series edited by Reva Basch, *Super searchers on health & medicine* follows the format of question and answer interviews with individuals known for their searching prowess. Author Susan M. Detwiler is well known herself as a researcher and consultant in medical industry information.

In this book, Detwiler has selected an interesting range of individuals (not all professional librarians) in interesting job situations: Peg Allen, Bonnie Snow, Auburn Steward, Fran Brahmi, Nancy Allee and Barbara Bemoff Cavanaugh from medical librarianship; Thomas Emmett and Alan Eshleman are MDs; and information entrepreneurship is represented by Pam Geyer and John E. Lewis. Some of the names of the searchers are familiar for their helpful contributions to searching quandaries posted to listservs, or for their writing or speaking at conferences; others are less well-known publicly but identified by Detwiler through colleague recommendations, the "searchers' searchers" as Detwiler puts it.

Each interview reveals the kind of practical and thoughtful approaches to searching the health and medical literature that come from years of experience. We are made privy to the searchers' tried and true methods for searching, which are the best databases to use for certain topics, specific tricks to use in each database, and how to get at the crux of the search question in the reference interview. Consistently each searcher reinforces the message that searching multiple databases to answer a question is important due to the limitations of MEDLINE, and particularly the PubMed interface.

Throughout the interviews, references to Web and online resources in the text are matched to a list of resources in *Appendix A*. The book comes with a very useful companion Web site where links to all the Web sites cited by the interviewees are available to the reader. In addition, each chapter ends with "Super Searcher Power Tips", Detwiler's pick of the interview's most noteworthy highlights.

Besides offering searching tips, the interviews highlight other aspects of the searchers and their careers. Each searcher describes his or her own career pathway and each interview also covers a range of other topics such as how the searchers are able to stay up-to-date in the information field and their own subject specialties which vary from toxicology to medical education to consumer health, how they use the Web, discussions of evidence-based medicine and their visions for the future of online searching and information delivery.

While being a glimpse into the professional lives of these searchers, the book also has a practical application as a searching guide for specialized topics. For toxicology (Auburn Steward), nursing and allied health (Peg Allen), or pharmaceutical literature (Bonnie Snow), each interview can be used as a learning tool for searching in those particular disciplines. Specialized strategies for searching in the area of consumer health can also be drawn from the interviews with Alan Eshleman and Pam Geyer.

Used as a practical searching companion, both experienced health searchers and novices will appreciate either verifying their own strategies or learning from the masters in ***Super searchers on health & medicine***. Sharing of knowledge is basic to this book's objectives and in that Detwiler and her super searchers have succeeded admirably.

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Evidence-based teaching : current research in nursing education. Kathleen R. Stevens and Virginia R. Cassidy, editors. Boston: Jones and Bartlett Publishers; 1999. 247 pp. (pbk). ISBN 0-7637-0937-9.

The paradigm of evidence-based practice is being touted in nursing literature as a philosophical and a process method of ensuring "best practices" are carried out by nurse clinicians as they make health care decisions for patients in clinical settings. As a collaborative team of highly respected nurse educators, editors Kathleen R. Stevens and Virginia R. Cassidy and their contributing authors offer a timely analyses of research literature that have direct implications for evidence-based teaching in nursing education.

Evidence-Based Teaching offers a compendium of peer reviewed synopses, in relation to past and current nurse education research literature across referenced data bases, that can help nurse educators get to the 'bottom line' of salient teaching issues which have captured the attention of researchers in the United States and Canada. Standard bibliographic tools are provided including a table of contents and index; each chapter has its own reference list. In addition, since these chapters are compendium of articles published in past volumes of the journal ***Review of Research in Nursing Education***, there is a list of the chapters in order of volume number as they appeared in the journal. A summary of investigative work and recommendations for evidence-based teaching are organized into seven major chapters that target issues on the advancement of evidence-based teaching, mentorship, teaching psychomotor skills, academic dishonesty, predicting success on licensure examinations, educational preparation of advanced practice nurses and curricula implications for graduate and doctoral education. The authors have written this book with faculty, students and educational programs in mind "to strive for maximum efficacy and relevance" to the nursing profession and ultimately health care.

With the intent of advancing evidence-based teaching, the authors provide the reader with a description of the following steps they considered in producing systematic reviews on salient nurse education issues: the question or issue explored, identification and selection of articles for inclusion, data extraction in tabular format that facilitates the identification of patterns and trends in the findings and a presentation of and recommendations based on the results. It is noted that the authors of chapter six provide more of a detailed and reproducible form of review method (a variation of the meta-analytical approach) by including a description of the coding methods and rating scale used for assessing the quality of scientific design of the research reports. Unfortunately, the additional rigour of specialized systematic review methods (e.g., meta-analysis) to "provide even stronger bases to guide education practices" could not be realized because the corpus of studies on educational issues are mainly descriptive, correlational and/or qualitative rather than experimental in nature.

Nonetheless, this book makes a significant and timely contribution by offering a state-of-the-science on nursing education issues and recommendations for best practice in teaching. In the first chapter, significant gaps are identified in current nursing education — in terms of a general lack of attention to experimental design in natural settings, larger systematic program evaluation and wide dissemination of nursing education research to provide a basis for evidence-based teaching on evolving phe-

nomena, such as community-based education, critical thinking, distance education and a national research agenda for nursing education. Chapters two through seven build upon these themes, providing graduate nurses, nurse educators and academic administrators with constructive examples of where evidence could better support nursing education theory. Although the book does a thorough job in broadly identifying the gaps in research literature, specific advice is not offered in terms of how to address these limitations.

In summary, the editors and contributing authors have met the stated objectives to identify gaps in evidence-based teaching and to identify extant knowledge to promote evidence-based teaching in the context of efficient nurse education programs in an ever-changing health care system. Students, educators, administrators and researchers could benefit from reading this book that challenges a closer scientific examination of evolving issues that will significantly impact evidence-based teaching in nursing education in the 21st century.

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Bibliographic management of information resources in health sciences libraries (*Current practices in health sciences librarianship* ; vol. 6). Laurie L. Thompson, editor. Maryland, DC: Medical Library Association and Scarecrow Press; 2001. 232 pages. ISBN: 0-8108-3783-8. $55.00 US.

This is the sixth in a series of eight volumes that are part of the *Current practices in health sciences librarianship* series designed for students and librarians specializing in health sciences. The authors, expert reviewers and advisory committee members of this title were enlisted from all aspects of health librarianship and technical services in various positions of authority. The editor, Laurie L. Thompson, has over twenty years of professional experience in technical services, cataloguing and automation and is current Director of Health Sciences Libraries at the State University of New York (SUNY).

In the introduction, Thompson juxtaposes the advent of electronic resources such as ejournals, ebooks and Web sites that are supplementing many library reference collections with cataloguing which she assumes "may seem futile and old fashioned to some". Nonetheless, she manages through a myriad of metaphorical and theoretical examples, to underscore the importance of systematically organizing library materials and sets the promoting tone for the remainder of this handbook.

This volume is comprised of seven chapters, an introduction and first chapter by Thompson, author biographies, appendices, a glossary of acronyms and an index. Progressing throughout all aspects of bibliographic management, chapter topics include a discussion of technical services management, cataloguing principles, indexing and thesaurus construction (with emphasis on Medical Subject Headings and the Uniform Medical Language System) and automation. All of these topics are grounded within the interest of health information such as in the discussion of descriptive cataloguing whereby numerous examples are given using health sciences publications. Of particular value to the visual learner, are the sample workflow charts provided in the technical services chapter. An annotated Web bibliography is included, providing a comprehensive toolkit for medical cataloguers. Technical services managers will find *Appendix B*, a training outline for entry-level professional cataloguers, highly valuable. The only noticeable omission in this work is a discussion of how to deal with full-text e-resources. For example, what are the pros and cons of adding these e-resources to the standard library catalogue as compared with separate searchable databases?

Overall, this work is well written and organized, covering the essentials of bibliographic management within the context of health sciences libraries. Therefore, I recommend it as an introductory text for graduate students and as a basic reference source for practicing librarians that provides information peripheral to their own expertise.

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FACT SHEET

The CCHSA/CCASS Accreditation Process As It Relates to Libraries and Information Services

What is the *Canadian Council on Health Services Accreditation*?

The Canadian Council on Health Services Accreditation/Conseil canadien d'agrément des services de santé (CCHSA/CCASS) is the national accrediting body for hospitals and other health care delivery organizations in Canada. It is a non-profit, non-governmental organization whose primary role is to help health services organizations across Canada fulfill their potential by objectively reviewing the care and quality of service they provide and comparing the findings against a set of national standards.

What is accreditation?

Accreditation is a voluntary process wherein health care organizations request to have CCHSA/CCASS evaluate their facility and are charged a fee for the service. To maintain an accreditation rating, an organization must undergo an accreditation survey at least every three years. The CCHSA/CCASS has a two-part accreditation process. Part one is the organization's self-assessment where the organization measures its own compliance against CCHSA/CCASS's national standards; part two is the accreditation survey undertaken by surveyors from outside the organization who independently review the organization, provide a written report which focuses on the organization's strengths and weaknesses, and make recommendations. A self-assessment must be completed with the four standards sections that assess the services that are common to all organizations, including: Leadership and Partnerships, Environment, Human Resources and Information Management. During the on-site visit, the survey team meets with board members and administrative staff, physicians, caregivers, human resources people, information management specialists, patients/clients and family members, all of whom have the opportunity to speak with the surveyors about their experiences, perceptions and expectations.

National Accreditation Standards

The national standards against which organizations are measured, are developed through consultation with health professionals across the country. The CCHSA/CCASS currently has national standards for: Acute Care Organizations, Acquired Brain Injury, Cancer Treatment Centres, Community Health Services, Comprehensive Health Services, Critical Care Services, First Nations and Inuit Addiction Services, First Nations and Inuit Community Health Services, Home Care Organizations, Long-Term Care/Continuing Care Organizations, Maternal Child Services, Mental Health Organizations and Rehabilitation Organizations.

What is AIM Accreditation?

The AIM (Achieving Improved Measurement) Program evolved out of the need to place greater emphasis on measuring the outcomes of health care. A major shift of the AIM Program is the introduction of population health as a philosophy that is imbedded in the standards. Major components of the AIM Program are:

- a continuous learning and improvement cycle;
- the interlocked themes of data, measurement, quality and service;
- quality is addressed through the quality dimensions and risk assessment model;
- indicators are emphasized as a measurement tool;
- ongoing continuous assessment is based on day-to-day monitoring.

AIM indicators

One of the goals of the AIM Program is to identify a set of AIM indicators that, together with the new accreditation standards, will support organizations in their quality monitoring and improvement activities. CCHSA/CCASS has developed a draft list of indicators that will be mapped to the accreditation standards and quality dimensions, with the objective of a more balanced approach. Having a single, short list of indicators is a great challenge with the changing workplace. CCHSA/CCASS states that indicators are used to address the increasing need for accountability; they are here to stay; they will improve with use; and they allow for trending, benchmarks and goal setting.

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Definition of an indicator

CCHSA/CCASS defines an indicator as "a measurement tool, screen or flag that is used as a guide to monitor, evaluate and improve the quality of client care, clinical support services and organizational functions that affect outcomes." (*CCHSA/CCASS Web Site,* 2001)

CCHSA/CCASS's unique role/Automation of reporting methods

CCHSA/CCASS plans to automate its survey reporting methods and develop an improved data bank. CCHSA/CCASS feels it has a unique role to play since it's reports will provide more opportunity for comparative reporting and feedback, and it will be able to identify low-level compliance on a national level. CCHSA/CCASS hopes to cooperate with the Canadian Institute for Health Information (CIHI) and other groups in developing this role.

AIM Project timelines

CCHSA/CCASS hopes to achieve full implementation of the AIM Program by January 2002 and full automation by the end of 2002.

With copyright permission, much of the following section is based on *Librarians Guide to JCAHO Accreditation*. Copyright of the Medical Library Association, 1994. The information has been adapted to AIM accreditation. The *MLA Guide* link is: <http://www.mlanet.org resources/jcaho.html>.

NOTE: The terms "library and information services" and "library" are used interchangeably.

CHLA/ABSC goals and AIM Accreditation

The *AIM Draft List of Indicators* currently lacks indicators relating to library and information services; therefore the CHLA/ABSC representatives to CCHSA/CCASS have established a working group to do the following:

- draft a short, specific standard from which an AIM indicator can be extrapolated;
- compile a short list of indictors, at least one of which will be included on the AIM list;
- compile a short list of questions surveyors should ask organizations that are being surveyed, together with answers that would be appropriate to those questions.

What should the librarian expect from the survey interview?

Under the AIM standards, surveyors will be looking for meaningful indicators, and will be interested in how the information management team integrates with other teams. They will focus on what the team stated in their self-assessments and on the goals for accreditation established by the institution. For teams that are still early in their development, the surveyors may be interested in the composition of the team, in the development of a planning process, and in progress made in assessing the information needs of the healthcare organization.

The Librarian's role in accreditation

The Librarian should expect to actively participate in accreditation through membership on the Management of Information Team. The team generally meets at least three or four times in preparation for accreditation, to discuss and complete the portion or the organization's self-assessment form that applies to information management. Librarians bring to the team: skills in organizing, retrieving, analyzing and disseminating information; a focus on providing access; and a strong background in networking and resource sharing. The Team's vision should include timely and easier access to information, improved efficiency and greater sharing of information to enhance patient care. All types of information, including patient-specific and knowledge-based information, should be integrated into an organization-wide system that meets this vision.

What is knowledge-based information?

Knowledge-based information refers to the published scientific and managerial literature in print or electronic format, that is quality filtered or peer reviewed and based on accepted knowledge or current research, and can include journals, books, technical reports, audiovisuals, practice guidelines, indexes and externally produced databases.

Library issues related to standards for knowledge-based information

Surveyors may ask a variety of questions about library and information services, depending on personal experience and interests. However, some of the basic issues that should be addressed during the interview process are:

- how library users gain timely access to information and services;
- how the education, reference and research needs of library users are assessed;
- how the library provides access to external databases, information networks, aggregate data, etc.;
- how the library provides direction on what information is available and how to access it.

What documentation is needed?

Documentation providing evidence of compliance can include written plans, needs assessment surveys, log records and interpretation of indicators being tracked by the information management team, minutes of meetings, and policy and procedure manuals. This evidence should be updated, organized and available to support survey discussions.

Will the healthcare organization fail to be accredited if the library is not found to be in compliance with the standards?

The healthcare organization must be prepared to provide evidence of its compliance with all the CCHSA/CCASS standards; however to be accredited, a hospital must demonstrate that it is in substantial compliance with overall standards, not necessarily with each applicable standard. Hospitals without library services are accredited in Canada, which means that an organization's services can be deemed by CCHSA/CCASS to meet national standards of quality, even though the organization lacks library and/or information services.

How do the CHLA/ABSC *Standards for Library and Information Services in Canadian Healthcare Facilities* relate to the CCHSA standards?

The *CHLA/ABSC Standards* were written to serve as a companion to the CCHSA/CCASS facility-wide standards and are based upon careful assessment of client needs, and processes for ongoing evaluation and improvements. The ultimate goal is to have satisfied clients who have been able to quickly and effectively obtain the resources and services they require. The *CHLA/ABSC Standards* place strong emphasis on collaboration and consultation with other programs and services. (CHLA/ABSC Task Force, 1995, vi)

Examples of questions that may be asked of an information management team during an AIM Accreditation interview

The following are actual questions recently asked by surveyors in a small hospital setting in Ontario (Linda Wilcox, Shared Library Services, personal communication to Ontario Health Libraries Association membership, October 01, 2001):

- How does this team integrate with all the existing partnerships outlined in your standards document?
- What software do you use for e-mail? Can you e-mail physician offices?
- What is this team doing to meet the values expressed in the hospital mission statement, or how do you integrate the institution's values into the work your team accomplishes?
- How would the other teams view your team's endeavours?
- How do the teams get the data for their indicators?
- Do staff know what information management means?
- How do you handle breaches of confidentiality?
- How many incomplete inpatient records do you have?
- What is your chart completion rate? What is the follow-up process and is it stated in your hospital policies? When does the Chief of Staff get involved?
- What is your standard regarding progress note entries? Is blue ink used any longer?
- Describe the workload measurement tool that you are using. How is that information used? (Hint: One of the biggest challenges is the reliability and validity of the data.) Comment on reliability and validity and how you are dealing with it.
- Some team members were asked: What do you bring to this team?
- Is the staffing schedule centralized or unit-based?

- Describe the process for distributing budget information to leaders and to the Board.
- What would happen if Emergency went over budget in July?
- Is staff input to the budget democratic?
- Describe the regional library program and how you meet your customer's needs. Is there a central computer for all staff to use in the library? How do you control the use of the Internet?
- Describe the mortality review process.
- What has been the biggest value of being on this team?
- What are this team's biggest challenges in the next 12 to 16 months?
- Do you have any questions for us (the surveyors)?

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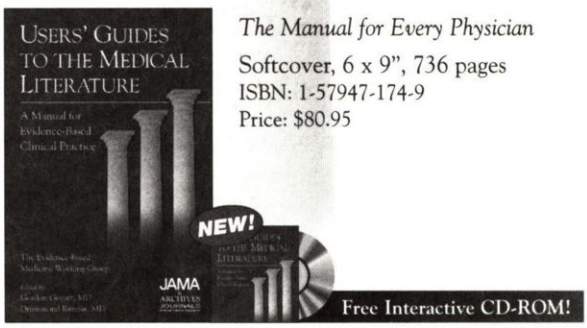

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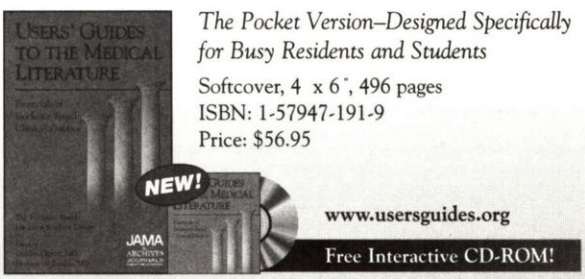

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